Document Title:	**Evaluation of the Linking Systems of Care for Children and Youth Demonstration Project**
Author(s):	**Stephen M. Haas, Ph.D., Mary Spooner, Ph.D., Alexandra Bellis, Ph.D., Astrid Hendricks, Ph.D.**
Document Number:	**254012**
Date Received:	**October 2019**
Award Number:	**2014-VF-GX-0001**

APRIL 30, 2019

EVALUATION OF THE LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH DEMONSTRATION PROJECT

PREPARED FOR:

National Institute of Justice
810 7th. Street, N.W.
Washington, DC 20531

SUBMITTED BY:

ICF, Incorporated LLC
9300 Lee Highway
Fairfax, VA 22031

AUTHORS:

Stephen M. Haas, Ph.D.
Mary Spooner, Ph.D.
Alexandra Bellis, Ph.D.
Astrid Hendricks, Ph.D.

This project is supported by Award No. 2014-VF-GX-001, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice.

ABOUT ICF

ICF (NASDAQ:ICFI) is a global consulting services company with over 5,500 specialized experts, but we are not your typical consultants. At ICF, business analysts and policy specialists work together with digital strategists, data scientists and creatives. We combine unmatched industry expertise with cutting-edge engagement capabilities to help organizations solve their most complex challenges. Since 1969, public and private sector clients have worked with ICF to navigate change and shape the future. Learn more at icf.com.

For more information about this study, please contact Stephen M. Haas at Stephen.Haas@icf.com.

Contact ICF at:
ICF
9300 Lee Highway
Fairfax, VA 22030

Recommended Citation:

Haas, Stephen M., Mary Spooner, Alexandra Bellis, & Astrid Hendricks (2019, April). Evaluation of the Linking Systems of Care for Children and Youth Demonstration Project. Fairfax, VA: ICF. Final report to the U.S. Department of Justice, National Institute of Justice: Washington, DC.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ACKNOWLEDGMENTS

This research is sponsored by the National Institute of Justice (NIJ), U.S. Department of Justice under grant No. 2014-VF-GX-001. It is also made possible because of the partnerships, collaboration, and participation of national, state, local partners and providers that contributed to the planning and implementation of systems of care in their respective communities.

National Partners

The authors wish to thank the national partners who played a significant role in this evaluation. First, we thank current and former NIJ staff who assisted with this project, including Dara Blachman-Demner, Yunsoo Park, Amy Leffler, Phelan Wyrick, and Laurie Bright. Our thanks also go to Bethany Case and Lindsay Waldrop from the Office for Victims of Crime as well as staff from the National Council for Juvenile and Family Court Judges, including M ichele Robinson, Eryn Branch, Wendy Schiller, Jessica Pearce, Carlene Gonzalez, and Zadora Bolin, for their cooperation and support throughout this evaluation

Demonstration Site Partners

We would like to extend deep gratitude to the staff and partners from the Illinois, Montana, Ohio, and Virginia demonstration sites. Staff from these sites were gracious throughout this evaluation, and their ongoing commitment and responsiveness to this evaluation is critical. The partners who participated in our yearly interviews were welcoming and candidly shared their experiences with the demonstration project, allowing us to explore the strengths and challenges encountered by the sites. We also extend our gratitude to the local service providers, and youth and their families, who supported and participated in our survey efforts. Thank you for sharing your time and experiences with us.

Current and Former ICF Staff

Finally, we thank the ICF project team members who contributed to this evaluation over the years, including our internal ICF Advisory Panel, expert reviewers, and current and former ICF staff. Our gratitude goes to the project's former leadership, including Principal Investigator Sara Debus-Sherrill and Project Manager Jacob Cramer. We appreciate the ICF staff who served as site liaisons and data collection leads, and we extend our sincere thanks to those who contributed their writing, thoughts, and ideas to this report.

Advisory Panel Members

Nicole Bossard
Janet Griffith
Samantha Lowry
Elizabeth (Mertinko) Kramer
Francesca Stern
Erin Williamson

Expert Reviewers

Robin Davis
Marti Kovener
April Naturale
Janet Pershing
Christine Walrath

ICF Project Team

Kristin Abner
Amy Bush
Victoria Chamberlin
Janine Crossman
Lisa Feeley
Khyrah Simpson

ABSTRACT

The victimization of children and youth remains a nationwide concern, with between 44 percent and 60 percent of children reporting experiences of victimization in national studies. The impacts of victimization, if left unaddressed, can have serious long-term effects on the physical and mental health of children. These impacts vary based on the children's developmental stage and frequency of exposure. The high rates of victimization, coupled with the serious negative consequences of the victimization, underscore the importance of ensuring effective service delivery to meet the needs of this population. Building on decades of work in social change in organizations and communities, the Office for Victims of Crime (OVC), under the U.S. Department of Justice Strategic Initiative, seeks to address the needs of victims of crime. As part of the Strategic Initiative, OVC created the Linking Systems of Care (LSC) for Children and Youth State Demonstration Project, a project intended to directly impact the field of child victimization. The goal of the project is to improve responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and full range of victim needs. The project is intended to bring together all of the relevant systems and professionals to provide early identification, intervention, and treatment for child and youth victims and their families and caregivers.

This report presents the findings from a careful examination of demonstration sites funded by OVC. ICF, in coordination with the National Institute of Justice (NIJ), completed a multipronged assessment of the OVC's LSC for Children and Youth Demonstration Project. The report is the product of three different approaches or viewpoints, including a formative evaluation of the first statewide demonstration sites to be funded (Montana and Virginia), an evaluability assessment of all four demonstration sites (Illinois, Montana, Ohio, and Virginia), and an assessment of the system changes necessary to produce functional systems of care. Through these three approaches, ICF offers a comprehensive assessment of the demonstration sites and each state's progress toward the establishment of statewide systems of care. ICF collected data from a variety of sources and used multiple methods to capture the necessary information to complete a comprehensive formative evaluation of the first two funded sites, Cohort 1, and an outcome evaluability assessment of all the sites. Both quantitative and qualitative sources of data were analyzed to arrive at findings and draw conclusions. These data include key informant interviews, participant and program observations, site documents, and surveys. In addition, quantitative data were collected from project staff at each of the four demonstration sites through an evaluability assessment questionnaire and follow-up interviews with project staff and partners in the second cohort of demonstration sites. These data helped determine the feasibility of an outcome evaluation. The ultimate goals of this report are to comprehensively describe the planning and implementation process of the OVC demonstration sites and to examine the evaluability of the sites and their present capacity to support an outcome evaluation. Based on the results of this report, the ICF research team concludes that it may not be feasible to conduct an outcome evaluation of the demonstration sites at this time. All of the sites lack clear and measurable outcomes that are tied to the project activities and key data sources for assessing the projects outcomes. This report offers a series of recommendations for the continued development of the current demonstration sites and for other jurisdictions or communities that want to replicate the work of the OVC demonstration sites.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

CONTENTS

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

TABLE OF EXHIBITS

EXECUTIVE SUMMARY

Child victimization in its many forms remains a nationwide concern, with between 44 and 60 percent of children reporting experiences of victimization in national studies (Finkelhor et al., 2009; Sedlak et al., 2010). A study from 2016 estimated there were approximately 676,000 child victims of crime nationwide, which equates to a rate of 9.1 victims per 1,000 children (U.S. Department of Health and Human Services, 2018). An earlier study of 4,000 children across the United States found that 50 percent had experienced multiple direct or indirect exposures to violence, and 31 percent experienced four or more victimizations (Finkelhor, 2011; Finkelhor, Turner, Shattuck, & Hamby, 2015). The impacts of victimization, if left unaddressed, can have serious long-term effects on the physical and mental health of children, which vary based on the child's developmental stage and frequency of exposure. Although physical injuries resulting from a crime are often easiest to identify, victimization also can have significant negative consequences for a child's development. Psychological, emotional, and behavioral outcomes that stem from childhood victimization can include aggression, poor self-control, social withdrawal, anxiety, depression, attachment disorder, attention deficit hyperactivity disorder, oppositional defiant disorder, heightened fear response, and posttraumatic stress disorder (Cole et al., 2005; Darwish et al., 2001; Etkin & Wager, 2007; Ford et al., 2000; M árquez et al., 2013). Childhood neglect is also linked to lower academic achievement and increased risk of arrest in adulthood (Nikulina, Widom, & Czaja, 2011). These high rates of victimization, and the related potentially serious negative consequences of the victimization, demonstrate the importance of ensuring effective service delivery to meet the needs of this population.

Office for Victims of Crime Linking Systems of Care for Children and Youth State Demonstration Project

Building on decades of work in social change in organizations and communities, the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice Strategic Initiative seeks to address the needs of victims of crime and as a strategy to "permanently alter

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

BACK TO CONTENTS

As part of the initiative, the demonstration sites with support from NCJFCJ developed some guidance for the states by through the creation of core values and principles for linking systems of care. The values are considered integral to the work of the LSC project and emphasize the importance of good communication, the use of best practices such as trauma-informed care, holistic service delivery, inclusiveness, and reliance on a strength-based approach to addressing victim needs.

The OVC LSC for Children and Youth initiative is also guided by a set of principles that includes the following themes:

- Healing individuals, families, and communities
- Linking systems of care
- Informed decision-making, to "guide efforts to develop and better align all of the systems of care that respond to the needs of children, youth, families, and caregivers" who have experienced victimization (NCJFCJ, n.d.).
- OVC also intended to offer benchmarks for conducting community needs assessments, developing policies and protocols, as well as helping the various systems review services and referrals (NCJFCJ, n.d.)

Core Values for Linking Systems of Care for Children and Youth

- Good communication leads to informed decisions.
- For the best results, both families and practitioners must keep each other informed on a continual basis.
- All efforts must be trauma-informed and support the healing and growth of children, families, and communities.
- Systems of care and communities will provide holistic services with a life-course perspective.
- Consideration must be given to trauma experienced across lifespans and generations, including historical and structural trauma and racism. The work must avoid re-traumatization and include eliminating processes and practices that re-traumatize individuals.
- Children, youth, parents, caregivers, teachers, service providers, practitioners, and administrators must be included in the process.
- The approach is strength-based, focused on resiliency, and empowers youth and their families to make informed decisions about accessing services, support, and community-based programs.

LSC Principles of Linking Systems of Care

- Clarify roles.
- Create a common vocabulary related to goals and outcomes.
- Share information (while ensuring safety and autonomy for individuals and families) to avoid duplicative screening and re-traumatization.
- Engage traditional and nontraditional community-based partners, including survivor groups.
- Leverage resources.
- Build community capacity to meet victims' needs including: seamless and equitable access to appropriate interventions and supports, and meaningful referrals.
- Invest in common screening and assessment tools and principles.
- Be accountable to one another and the families being served.
- Create mutually informed policy agendas.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

These principles provide a framework for considering what is necessary to facilitate success among the demonstration sites. Healing emphasizes the use of approaches by communities and organizations that are individualized, trauma-informed, gender and culturally responsive, and build on the strengths defined by parents, caregivers, and children. The healing process also entails concentration on safety, justice, positive social-emotional connections, and self-determination at all points of contact. A linked system of care is said to involve a clear identification and description of roles, use of a common vocabulary, sharing of information, and engagement of traditional and nontraditional community-based partners and groups. Linked systems also provide the opportunity to leverage resources while building the community's capacity to provide seamless and equitable access to interventions, supports, and meaningful referrals. Furthermore, linked systems provide the opportunity for common screening and assessment, accountability among systems and to families, and the creation of mutually informed policy agendas.

Demonstration Sites' Strategies for Linking Systems of Care

OVC funded the establishment of four state-level demonstration sites—Illinois, Montana, Ohio, and Virginia. The demonstration sites developed, or are in the process of developing, individualized approaches that link systems through systematic screening, referral processes, and training. These components are intended to improve coordination and collaboration among child-serving systems, leading to improved service delivery and greater wellness and healing for youth victims of crime and their families. The first two sites funded were Montana and Virginia in 2015, and two additional sites, Illinois and Ohio, were funded in 2017. OVC hopes that through the course of implementation, the sites will not only achieve the goals of the project but also gather lessons learned that will help others seeking to undertake similar work with child victims and their families. The sites are expected to implement their strategies during a five-year implementation phase, which follows a 15-month planning phase. During the planning phase, the sites are expected to develop implementation strategies, identify pilot sites, learn more about the needs of the population, and create and test the screening protocol.

Each of the demonstration sites is applying its own unique approach to developing and implementing the systems of care. The Montana and Virginia sites relied on OVC's guidance from the original grant solicitation as their strategy to link systems of care. Both sites are in the process of implementing a four-pronged approach to link systems. The approaches include the following:

1. A universal victimization screening tool for screening and requisite response/treatment protocol for multiple types of victimization across systems (referred to by the sites as a screening tool).
2. Providing training to use the screening tool.
3. A comprehensive policy review and analysis to identify extant policies that may run counter to successful implementation of the project.
4. Establishing the necessary services to address the trauma of children and youth identified through the screener.

The Illinois and Ohio demonstration sites recently completed the 15-month planning phase. Both planned projects that are consistent with the high-level theory of change discussed above. For Ohio, the overarching goal of the project is to improve the responses to child and youth victims and their families by providing consistent, coordinated responses that address the full range of victim needs, with a focus on

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

	LSC PROJECT OBJECTIVES
Phase 1: Planning (15 months)	1. **Establish a network of stakeholders consisting of all the relevant systems.** This involves identifying child/youth/family-serving entities from across the state and convening those entities to develop a plan for collaboration and communication moving forward. 2. **Conduct a gap analysis/needs assessment.** Work with an OVC-identified training and technical assistance (TTA) provider to identify the state's needs through a review and analysis of existing policies, protocols, and practices of participating agencies. Conduct a gap analysis/needs assessment to assist states in identifying strengths, gaps, and areas for improvement. 3. **Develop a strategy.** Continue working with the OVC-identified TTA provider to develop a strategy based on the state's needs. This includes developing a systematic method to screen for victimization across entities; developing protocols and procedures to ensure children and families receive appropriate services; and delivering staff training to implement and sustain the practice.
Phase 2: Implementation (5 years)	1. Implement the strategy. Work closely with the TTA provider to inform all aspects of implementation. Refine the strategy and its implementation accordingly throughout this phase to ensure the strategies deployed are successful at meeting the goals and objectives of the demonstration site.

Source: U.S. Department of Justice (2014)

evidence-based and trauma-informed care. The team seeks to achieve this goal by accurately identifying child and youth victims in a wide range of community settings; effectively linking victimized children, youths, and their families to services and resources in or near their communities; and linking the systems of care on a statewide basis. Ohio anticipates this will lead to greater coordination, improve child and family outcomes, enhance agency responsiveness and efficiency, and help in the leveraging of resources. Illinois convened what it calls the Leadership Network, held numerous meetings with state and local stakeholders, and completed a needs assessment (i.e., a service provider survey and interviews with victims of crime and their caregivers). Through this work, the site gained valuable knowledge about the functioning of systems in the state, which resulted in the development of a three-part relational approach for linking systems of care. The Illinois approach includes: (1) recognizing victimization, (2) connecting individuals with resources, and (3) engaging support services.

Multilevel Systems Change and Linking Systems

Linking systems of care requires a holistic and comprehensive approach. Stroul (2002) once described the development of a system of care as a multifaceted, multilevel process requiring changes at the state, local systems, and service delivery levels. It requires commitment to a statewide shared vision as well as the individual activities and operational changes necessary to coordinate partnerships across systems. The scientific literature derived from previous systems of care initiatives tells us that systems of care are often not implemented with inevitability, predictability, and consistency. Therefore, it is important to know the factors that are critical in planning, implementation, and sustainability of these linked systems (Hernandez & Hodges, 2003). Although the LSC project is not intended to replicate the systems of care approach referenced by Stroul (2002), coordination strategies and lessons learned can be instructive for the current OVC demonstration sites.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

For the necessary systems-level change to occur, LSC sites will need to engage the most appropriate partners and build the proper infrastructures to create and sustain the necessary changes to systems. Building system infrastructure entails promoting readiness for linking the systems and the accompanying changes at the system and organizational levels. System readiness in the LSC demonstration project requires not only a grounding in the core values and guiding principles provided by OVC, but a commitment to a shared vision, effective leadership, a systems approach, and strong collaboration. At the organizational level, readiness must be promoted through mapping the system, building institutional capacity, engaging program champions, outlining a plan for sustainability, collaborating across systems, and creating a communication plan with feedback loops for information sharing and experiential learning.

The LSC demonstration sites set the stage for their work by engaging both national and state-level partners to inform and guide their projects. National partners also serve as resources to each participating site and include the funding agency (OVC) and the national TTA provider (NCJFCJ). The role of each national partner is outlined below:

- OVC reviews and approves major project plans and project-generated documents, provides guidance on project plans, and participates in project-related training events or meetings.
- NCJFCJ provides technical assistance to LSC sites in establishing partner networks, designing and implementing gap analysis/needs assessments, and creating and implementing the service delivery strategy. In partnership with the National Child Traumatic Stress Network, NCJFCJ developed a steering committee of national experts to support each demonstration site.

State-level project partners include the agencies funded by OVC and system representatives and service providers. They are expected to collaborate with grantee staff and participate in a state-level stakeholder group(s). Project staff are expected to identify and convene representatives from each system targeted for participation and any additional project partners identified by each state. The following exhibit depicts the connections between national and state-level project partners.

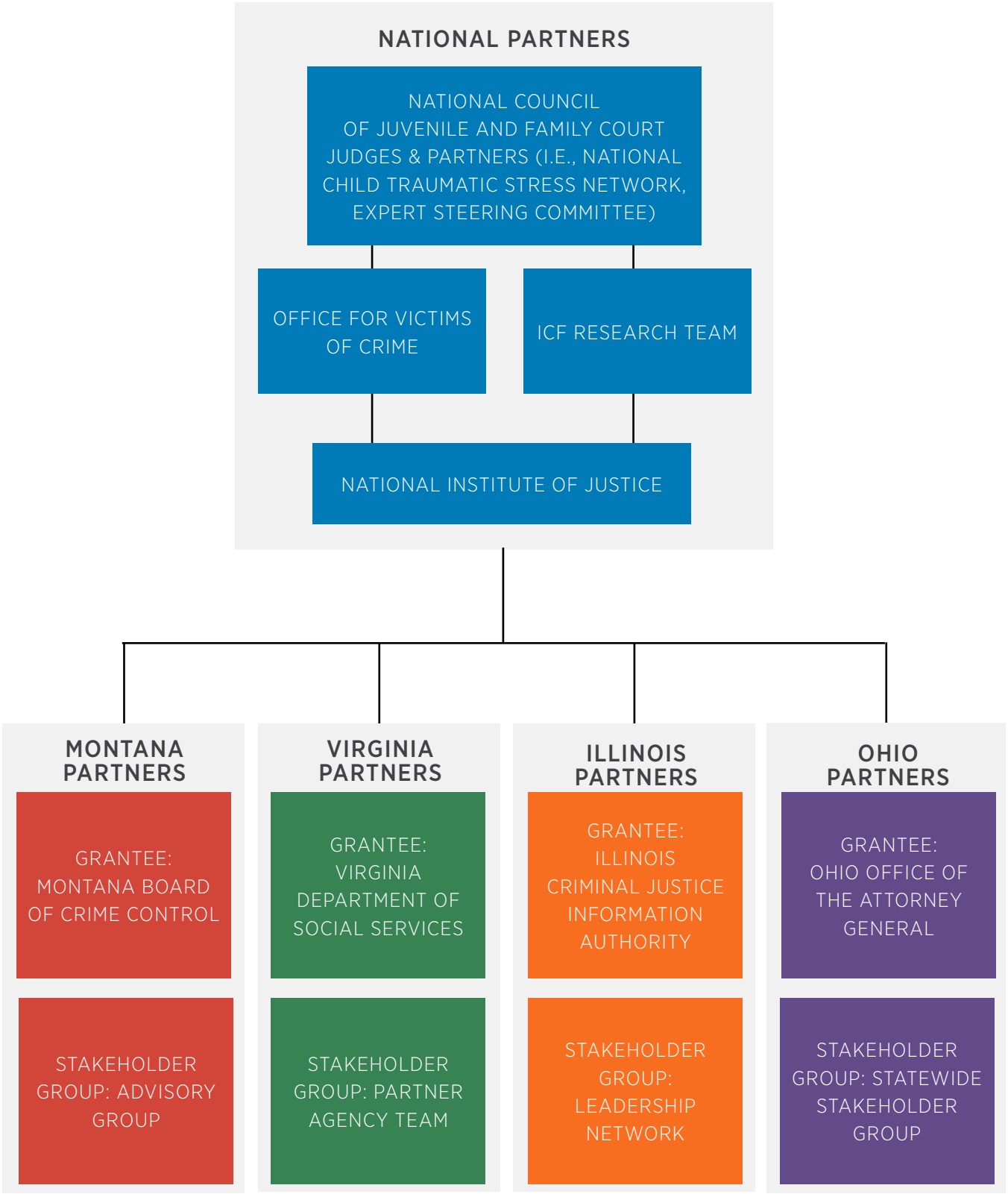
Purpose and Scope of the Report

This report presents the findings from a careful examination of demonstration sites funded by OVC. ICF, in coordination with NIJ, completed a multipronged assessment of the LSC for Children and Youth Demonstration Project. As previously noted, each demonstration site is at a different stage of program development and is in the implementation phase or has recently established a plan for a system of care project in the state. This report offers the results of a systematic examination of each site based on how that site stood at a single point in time (February 2019). ICF's primary goal is to produce information that will be helpful to the existing sites, as well as future sites or jurisdictions seeking to create a functional system of care.

In this light, the report is the product of three different approaches or viewpoints. First, this report describes the planning and implementation processes of the Montana and Virginia demonstration sites by way of a formative evaluation. These sites completed the 15-month planning phase and are immersed in project implementation. Second, this report shares the results of an evaluability assessment of all four demonstration sites and offers recommendations for continued development of the sites to improve the prospects of a future outcome evaluation. Because OVC's LSC for

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

LSC NATIONAL- AND STATE-LEVEL PROJECT PARTNERS



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Children and Youth Demonstration Project is rather innovative and holds great potential for impacting the lives of victims, the ICF research team believes it is very important to clarify the current status of the demonstration sites and offer suggestions on how to position the sites to support a rigorous outcome evaluation. Such an evaluation has the potential to yield vital information on the effectiveness of the OVC-sponsored initiative and produce guidance on how best to replicate the systems of care approach in other jurisdictions.

Last, the current demonstration site projects are complex. Each site requires multilevel system changes as well as resilient cooperation, coordination, and collaboration across systems with different missions and priorities. In this report, ICF seeks to take the findings and lessons learned from the formative evaluation and evaluability assessment to better inform the field on the type of planning and activities required to create functional systems of care. This report describes the planning and systems change required for the development of linked systems of care. ICF's three-pronged approach to the examination of OVC's systems of care demonstration sites includes:

1. A **formative evaluation** of the Montana and Virginia demonstration sites. Chapter 2 describes the planning and implementation processes of the Montana and Virginia demonstration sites and offers lessons learned and recommendations for further project development.
2. An **evaluability assessment** of all four demonstration sites (Illinois, Montana, Ohio, and Virginia). Chapter 3 outlines the status of the demonstration sites, provides an assessment of the feasibility of conducting an outcome evaluation, and offers recommendations for positioning the sites for an outcome evaluation.
3. An assessment of the **systems change** necessary to produce functional systems of care. Chapter 4 provides specific, evidence-informed, systems change approaches and considerations for linking systems of care. Specific strategies for planning and implementation of systems change, considerations for preparing for an outcome evaluation, and recommendations for future sites are provided.

Through these three approaches, ICF offers a comprehensive assessment of the demonstration sites and each state's progress toward establishing statewide systems of care. Conclusions are drawn on the extent that current sites can support an outcome evaluation and what should be considered in order to improve the capacity of the programs to be evaluated. ICF hopes that the report yields information to assist in the future replication of similar systems change initiatives. For example, Chapter 1 describes the problem of child victimization, the need for improved victim services, OVC's LSC for Children and Youth Demonstration Project, and the four demonstration sites. Chapter 5, the final chapter in this report, summarizes the conclusions and recommendations drawn from the combined results of the formative evaluation, evaluability assessment, and systems change discussion.

We begin with a summary of the formative evaluation.

Formative Evaluation of the Montana and Virginia Demonstration Sites

ICF's formative evaluation (in Chapter 2) delivers findings based on the assessment of the first cohort of LSC demonstration sites. The planning and implementation processes used at each site are described. Formative evaluations are

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

widely used in the field of evaluation research to gain an understanding of the process of program development and implementation. These types of evaluations are most useful during the development of a new program as they are intended to identify areas of improvement and determine whether activities will lead to intended outcomes (Centers for Disease Control and Prevention [CDC], n.d.; Dehar, Casswell, & Duigan, 1993). Research suggests that conducting a formative evaluation can inform program implementation and often leads to improvements in outcomes (Brown & Kiernan, 2001).

ICF documents the resources available and accomplishments of the sites. Multiple data collection methods and analytic approaches are used in the formative evaluation to document each site's approach and derive conclusions.

Findings highlight many of the processes, challenges, and successes of the sites. Recommendations and lessons learned from the formative evaluation are provided.

Data Sources and Measures

Formative evaluations can take many forms and use a wide array of methodologies. ICF's approach relies on multiple data sources to develop a complete and unambiguous description of the site's activities and progress toward full implementation. Key informant interviews, participant and program observations, site documentation, and four surveys are used to assess the Montana and Virginia sites. The four surveys are a Network Partner Survey, Training and Technical Assistance Feedback Survey (TTA-FS), Service Provider Survey, and Youth Victim Survey. Each data source contributed unique information for the assessment of each site: planning activities, implementation activities, and available resources. Following is a summary of each data source, what it represents, and how the data were used to derive results.

Measures

From these data sources, the formative evaluation measures a variety of constructs related to systems change and linking systems. Measures such as collaboration, stakeholder engagement, involvement, and cohesion are captured through the Network Partner Survey. Several items and scales are included to examine stakeholder perceptions of partnerships. This includes stakeholders' beliefs about whether they are valued and important, that project leadership listens to their recommendations, whether a shared vision is established for the project, and whether they feel the team is working together as a unit. Survey participants are asked the extent to which they agree, based on a 5-point Likert scale.

The TTA-FS is used to document project teams' experiences with the national TTA provider and assess the potential impact of the guidance on project planning and implementation. Individual items are used to demonstrate perceptions of satisfaction with the TTA, including whether the TTA provider is respectful, responsive to questions, and clearly and logically presents information. Level of agreement with a series of statements is measured on a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree." A single open-ended item is used to capture the topics addressed by the TTA provider. The scope of the TTA is also measured through a spreadsheet that tracks the activities and number of TTA hours. This way it captures how many TTA hours and the total time spent by the TTA provider with each site.

The Service Provider Survey and Youth Victim Survey are used to examine the collaboration among service providers and the service and referral experiences of youth and caregivers. Two individual items measure the types of child-serving organizations in each pilot area and the use of screeners and assessments across the different organizations. The Youth Victim

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

SUMMARY OF DATA SOURCES FOR THE FORMATIVE EVALUATION

DATA SOURCES	PURPOSE	SAMPLE	ADMINISTRATION	ANALYSIS
Key Informant Interviews	Document the process of developing and implementing each demonstration site's chosen strategy for linking systems of care	Project staff, project stakeholders, national partners	Conducted annually via phone and during in-person site visits from 2015 to 2018	Thematic analysis
Documents	Document specific project milestones and contextual factors	Project-related documents (e.g., reports, screening tools, training manuals, publications)	Requested from project staff, project stakeholders, and national partners	Thematic analysis
Observations	Document organizations and individuals involved in the demonstration project and activities included in each demonstration site's approach to linking systems of care	Monthly site update calls, all-sites meetings, site meetings, events	Recorded notes during project activities	Thematic analysis
Network Partner Survey	Measure project partners' involvement in the project, perceptions of project partnerships, and information sharing among system partners; map the structure of each demonstration site's network over time	Project stakeholders	Administered annually via online survey to all project partners from 2015 to 2017	Descriptive statistics
Training and Technical Assistance (TTA) Feedback Survey (FS)	Measure the role of TTA resources in the project	Project staff who received TTA	Administered quarterly via online survey to all project staff from 2015 to 2018	Descriptive statistics
Service Provider Survey	Assess service coordination among service providers and systems in pilot areas	Service providers in pilot areas	Administered online survey to service providers in pilot areas	Descriptive statistics
Youth Victim Survey	Assess youth and caregiver experiences with service delivery in pilot area	Youth victims and caregivers in pilot areas	Administered paper survey to youth victims and caregivers through partner organizations in pilot areas	Descriptive statistics

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Survey is used to document the nature and extent of victimization of youth and the number of organizations each youth visited to receive services.

Analytic Strategy

The qualitative data captured by the ICF research team is used to identify themes related to site progress, including the number and nature of milestones achieved, the challenges addressed, and the lessons learned through the planning and implementation processes. Key informant interviews are used to identify the expectations of partners, levels of partner communication and engagement, project plans and specific strategies, and barriers and challenges. Descriptive statistics from the Network Partner Survey, Service Provider Survey, and TTA-FS are used to assess the experiences of stakeholder groups, project staff, service providers, and youth victims. Frequencies and mean comparisons are used to report the results of the Network Partner Survey and TTA-FS. An analysis of means is used to report the results of the Network Partner Survey and TTA-FS. For the Network Partner Survey, means are reported across sites and over time, while means are compared for the TTA-FS across phases of the planning and implementation phases of the projects. Frequencies and percentages are calculated for items in the Service Provider Survey and Youth Victim Survey. Individual items assess screening methods across different service providers, the amount of victimization, and the number of organizations visited by youth and caregivers.

Summary of the Results

The first cohort of demonstration sites (i.e., Montana and Virginia) is steadily working through the planning and implementation phases. Beginning with the requirements of OVC's grant solicitation, the sites developed similar objectives. These objectives are to establish a network of stakeholders, conduct a gap analysis or needs assessment, and develop and implement a strategy for systems change and systems linking. The Montana and Virginia sites encountered similar challenges, such as maintaining a high level of stakeholder and team engagement, the determination of important system gaps and needs of youth and families, and adhering to established timelines.

Both demonstration sites have yet to fully implement the projects as planned, and it is too early to know if the projects will improve system operations, service delivery, and the lives of crime victims and their families. To date, many lessons have been learned through both the accomplishments and the challenges experienced by the sites. These lessons hold important implications for the current state projects as well as for the development or replication of future demonstration sites.

Approaches to Linking Systems of Care

Each site has developed approaches that align with OVC's expectations. These include the development of (1) a systematic method for screening, (2) a response protocol to ensure that services are accessible, (3) trainings to support implementation and sustainability, and (4) policy analysis to identify policy-related barriers to improving services. Both Montana and Virginia created universal screening tools designed to improve the identification of victimization by referring to existing screeners. They also developed response protocols or community-level resource guides to streamline referral processes to support services. In addition to resource guides, one site partnered with a community service provider to staff a crisis line, and the other site holds system mapping events to facilitate conversations between local

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

service providers about available traditional and nontraditional resources. These strategies complement the sites' resource guides in unique ways. The crisis line provides another avenue for youth and their families to receive referrals, while the system mapping events bring service providers together and increase their awareness of the services available in their communities. The sites also recognize that providers statewide must be prepared to use the tools and that agency policies support the use of trauma-informed best practices. As required by the solicitation, both Montana and Virginia developed training materials and conducted trainings for providers about how to use the tools and how to make effective referrals to link systems for youth and families. In addition to training, the sites recognize the importance of policy and the influence policies can have on their work.

Stakeholder Engagement

Stakeholder engagement is a requirement of the solicitation and an important goal for the project. Bringing together representatives from diverse child-serving systems is essential for creating effective linkages. During the planning phase, the sites achieved this buy-in by carefully considering the logistics required to bring stakeholders together, incorporating communication strategies that allow them to share project updates quickly, and determining the role of the stakeholder groups in project decision-making. These efforts were successful in the early stages of the demonstration project, as measured by stakeholder reports of engagement and a commitment to working together. However, stakeholders at both sites reported feeling less engaged as the sites moved into the implementation phase.

Importance of Needs Assessment

To determine where to focus their efforts, the demonstration sites recognized the need to identify strengths and gaps in their current service delivery systems and if there were existing linkages between systems. The sites worked with stakeholders on what data to collect and determined they needed to combine data from multiple sources. Sites collected data through surveys, focus groups, and policy and literature reviews. They obtained information from state and local stakeholders and service providers who serve youth victims and their families. Stakeholders at both sites advocated for the inclusion of youth and families in the needs assessment, but experienced significant challenges in recruiting families to participate in the needs assessment. Nonetheless, the sites identified several gaps in their states' service delivery systems through the needs assessment activities, including the failure of some providers to conduct screenings, a lack of consistency in screening processes, few protocols or processes for following up to address service needs, and poor awareness of the resources available in their communities to address specific needs.

Implementation of Approaches for Linking Systems of Care

Montana and Virginia developed timelines for their projects that seemed feasible when the projects began, but faced challenges that affected implementation. For both sites, implementation slowed because of decisions to pilot test their approaches, human-subject review processes that took far longer than anticipated, and challenges in obtaining community buy-in. In the end, both sites experienced significant delays in implementation. As a result, the sites have yet to implement their approaches for linking systems of care statewide.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Recommendations and Lessons Learned

The experiences of the first two sites provide important lessons for future demonstration projects. Lessons can be learned from the formative evaluation and result in four main recommendations for future sites.

LESSON LEARNED #1: CREATE AN INDIVIDUALIZED APPROACH FOR LINKING SYSTEMS

Future sites may benefit from considering additional elements that support system linkage, including strategies that contribute to policy change or providing individual service providers with opportunities to connect and share information. As seen in these sites, policies can significantly affect efforts to link systems and improve services. Future sites may want to (1) integrate policy review activities and engage stakeholders in efforts to create policy change, (2) create opportunities for service providers to discuss available resources in their communities, and (3) begin their processes with a candid look at differing stakeholder perspectives and seek to build consensus.

LESSON LEARNED #2: PURPOSEFULLY ENGAGE KEY STAKEHOLDERS

Future sites may benefit from following some of the strategies used in this demonstration project. One important step is to develop clear roles and expectations for stakeholders to ensure they feel that they are a part of the team and working toward a common goal. Future sites may also benefit from considering how roles and expectations may change over the course of the project and ensuring that stakeholders understand why these changes must occur. Other important factors to consider over the longer term include adjusting demands on stakeholder time based on available time and resources, tailoring assignments to suit participants' interests, realistically considering geographic location and available technology when establishing meeting logistics, and reviewing the role and functioning of the group over time. Sites also may benefit from building in flexibility and being prepared to adapt or revise how they engage stakeholders over time. Finally, future sites are likely to benefit from ensuring that stakeholders are diverse and represent different points of view relevant to the demonstration project.

LESSON LEARNED #3: CONDUCT A NEEDS ASSESSMENT TO UNDERSTAND SYSTEMS AND SERVICES

Future sites may benefit from taking time to collect appropriate data, mine it for key strengths and gaps, and interpret the results to inform programmatic decisions. Engaging research and/or evaluation expertise at the beginning of the project will ensure that needs assessment activities gather relevant information and use it effectively, as well as support the collection and analysis of data related to implementation.

LESSON LEARNED #4: BE PRACTICAL IN PLANNING AND IMPLEMENTATION

Despite the best efforts to develop and execute implementation plans that were feasible, both sites experienced challenges that affected their ability to implement strategies for linking systems of care as originally planned. Future sites may benefit from planning for pilot testing, developing feasible timelines and goals, and being prepared to adapt. Although pilot testing requires additional time and effort, testing strategies on a smaller scale may provide valuable feedback about tools and processes, as seen at these sites. Sites may also benefit from collecting data to track piloting efforts and discover whether tools and processes are implemented as intended. These data can help identify and resolve problems before approaches are implemented widely.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Sites may further benefit from building in flexibility to account for unexpected challenges or lengthy administrative processes. Setting realistic and feasible expectations about timelines is important for building and maintaining credibility with project funders, stakeholders, and the public.

Evaluability Assessment to Support an Outcome Evaluation (Chapter 3)

Outcome evaluations assess the effectiveness of a particular program to produce change. They focus on difficult questions that ask what happened to program participants and how much of a difference the program made for them. Typically, an outcome evaluation is undertaken when it is important to know whether the objectives of a project or program are met and how well. In victim services, as with OVC's LSC demonstration sites, programs tend to target outcomes such as improved service delivery, which, in turn, improves the well-being of child and youth victims and their families. An outcome evaluation should be able to ascertain if a program meets its objectives. To assess the progress toward the outcomes or objectives that a program is designed to achieve, many scientific or methodological caveats should be considered.

Design of an outcome evaluation should ideally take place during program planning, prior to program implementation. The evaluator should be involved in the planning process so that the measures, instruments, and data collection procedures and schedules can be carefully coordinated and sustained over the course of the project.

To evaluate any program on outcomes, the program model must be well-defined with attainable and measurable goals, objectives,

Lessons Learned

CREATE AN INDIVIDUALIZED APPROACH FOR LINKING SYSTEMS

- Consider strategies that include screening, response protocols, and training.
- Examine external factors that may affect the coordination of systems.
- Assess the effectiveness of strategies.

PURPOSEFULLY ENGAGE KEY STAKEHOLDERS

- Develop clear roles and expectations.
- Engage members in meaningful activities through workgroups.
- Adjust demands based on available time and resources.
- Tailor activities to suit participants' interests.
- Establish meeting logistics that consider location and technology.
- Adapt plans for engagement over time.
- Ensure that members represent diverse points of view.

CONDUCT A NEEDS ASSESSMENT TO UNDERSTAND SYSTEMS AND SERVICES

- Identify staff or partners with expertise in research.
- Engage stakeholders in data collection efforts.
- Use a variety of data collection methods.
- Collect data from all relevant perspectives.

BE PURPOSEFUL IN PLANNING AND IMPLEMENTATION

- Plan to pilot test strategies before full implementation.
- Develop feasible timelines and goals.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

and outcomes. This is often expressed in a theory of change and accompanying logic model for the specific program. It is also necessary to ascertain whether the program was, or can be, implemented with fidelity. Once it is determined that a program has sufficient support and conceptualization, the evaluator considers various aspects of study design and measurement.

Selecting the appropriate study design is a fundamental methodological decision that must be determined by the evaluator. The evaluator must consider the underlying workings of the program, the target population to study, and the desired outcomes. Ultimately, the choice of design will determine whether an outcome study can isolate the effects of the program, rule out competing explanations, and produce valid results. The choice of a specific research design is often determined by the degree to which an evaluator can control who gets the intervention (e.g., experimental design with random assignment to study groups, or a quasi-experimental design with equivalent comparison groups).

Beyond the choice of a research design, there are many other factors to consider when determining if an outcome study on a given program is feasible. An evaluator must examine issues of surrounding data quality and availability, along with the timing of data collections and measurements. The evaluator must determine if there is an opportunity to collect baseline data to compare pre- and post-intervention outcomes. This is true regardless of whether the study involves a single intervention group or comparison groups. Other questions an evaluator must often contemplate include:

- How will subjects be enrolled in the study?
- What sample size will be necessary to obtain sufficient statistical power?
- What is the best way to operationalize the intended short-term and long-term outcomes?
- What data sources are available, and what is the quality?
- How long a period is necessary for follow-up to capture both short-term and long-term outcomes?
- What statistical techniques should be applied to draw valid conclusions?

Principles for Conducting a Program Evaluation

- Procedures for the enrollment of study participants
- Appropriate sample size necessary for sufficient statistical power
- Short-term and long-term outcome measures best suited to assess the program objectives
- Research design that is most appropriate for isolating the effects of the program on outcomes
- Control/comparison groups, if any, most appropriate for ascertaining differences in outcomes
- Data sources available and/or need to be created to capture the outcome and control variables required for statistical analysis
- Proper timing of data collections and the necessary length of the follow-up period to assess identified outcomes
- Appropriate statistical tests and comparisons to be made for the valid assessment of program outcomes

Answering these and other questions is fundamental to determining if an outcome evaluation is feasible and if it is likely to yield useful information. However, it is equally important to determine if a program evaluation is justified. Evaluability assessments can help determine if a program is sufficiently conceptualized, and/or implemented with

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

fidelity, prior to investing the resources to perform a program evaluation. Beyond the methodological considerations, evaluators must also assess the level of support and capacity of the projects (or demonstration sites) to participate in an outcome evaluation and whether the goals and objectives of a project identify clearly and link logically to the project's activities and stated outcomes.

Design and Methods of the Evaluability Assessment

The evaluability assessment presents findings on the current capacities of the LSC demonstration sites and their readiness to participate in a rigorous outcome evaluation. A mixed-methods approach combines qualitative and quantitative data to describe the readiness of the sites and to assess the feasibility of conducting a project-level outcome evaluation. Specifically, the evaluability assessment in this report:

- Assesses three key measurements related to evaluation: site-level readiness, project readiness, and evaluation readiness.
- Provides considerations on the outcome evaluation design that will be useful to OVC and NIJ as they consider the deployment and use of resources.
- Provides recommendations for these and future sites to build their capacity to participate in an outcome evaluation.

To accomplish these objectives, ICF combines several data sources and perspectives.

Three measurement domains were used to assess the evaluability of the demonstration sites. These domains served as the basis for the questionnaire protocols and the follow-up interview guides, as well as the framework for mining the data from the annual interviews, documents, and observations. Measures for each domain were derived from the Evaluability Assessment Questionnaire (EAQ) adapted from the Impact Evaluability Assessment Tool developed for the Corporation for National and Community Service (CNCS; Corporation for National and Community Service, 2014). The EAQ aimed to assess site-level, project, and evaluation readiness to support a rigorous outcome evaluation. The tool captured project staff perceptions of readiness across three main domains:

1. **Site-level readiness** examined existing support from leadership for an evaluation, information sharing, capacity building, and use of data and evidence for decision-making.
2. **Program readiness** addressed elements (e.g., structural, practices) that need to be in place for conducting a rigorous evaluation. This includes existing support for implementing and evaluating the LSC program, operational readiness, program scale, maturity, and stability.
3. **Evaluation readiness** addressed prior experience with process and outcome evaluation, including evaluation resources, structure, capacity, proposed timeframe, and capacity to engage in a rigorous impact evaluation. This also includes whether the program has an evaluation partner/team in place that has the experience and skills necessary for that type of evaluation.

The EAQ was administered to all staff at each demonstration site (N = 19). Participants had four weeks to complete the survey. A total of 17 staff across all four demonstration sites completed the survey. Each site's overall evaluability assessment score was calculated to determine the existing capacity for an outcome evaluation within the demonstration sites. In addition to these quantitative data from the EAQ, several qualitative sources informed the evaluability assessment, including interviews, document reviews, and observations. In combination, these data provide a close examination of site readiness to support an outcome evaluation.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Guiding Research Questions

- Do sites prioritize and commit to evaluation activities, including existing support for evaluation and use of data to inform decision- making, particularly among site-level project leadership, and have the infrastructure to conduct evaluation activities?
- Do programs have the necessary elements for rigorous outcome evaluation, including operational readiness, support for evaluation among stakeholders, and program scale and maturity?
- Do demonstration sites have the key components in place that are required for rigorous outcome evaluation, including evaluation capacity, measurable outcomes, appropriate evaluation design, and data

EVALUABILITY ASSESSMENT DATA SOURCES BY COHORT

DATA SOURCES	COHORT 1: MONTANA & VIRGINIA	COHORT 2: ILLINOIS & OHIO	PURPOSE	SAMPLE	ADMINISTRATION
Evaluability Assessment Questionnaire	•	•	Assess perceptions of site-level, project, and evaluation readiness	Project staff	Administered online survey to all core project staff in 2019
Evaluability Assessment Follow-Up Interviews		•	Document-specific components of evaluation capacity and readiness	Project staff, project stakeholders	Conducted during in-person site visits in 2019
Annual Key Informant Interviews	•		Document the process of developing and implementing each site's chosen strategy for LSC	Project staff, project stakeholders, national partners	Conducted annually via phone and during in-person site visits from 2015 to 2018
Key Planning and Implementation Documents	•	•	Document specific project milestones and contextual factors	Project-related documents (e.g., grant proposals, strategic planning documents, implementation materials)	Requested from project staff, project stakeholders, and national partners
Observations	•	•	Document organizations and individuals involved in the demonstration project and activities included in each site's approach to LSC	Monthly site update calls, all-site meetings,site meetings and events	Recorded notes during project activities

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Summary of the Results

The findings point to areas of substantial progress and accomplishments in project development that are favorable to supporting an evaluation. However, there are some areas of growth that suggest sites may need to make adjustments to better prepare for a potential outcome evaluation.

Sites exhibited several strengths related to outcome evaluation. Specifically, the site teams generally believed they had leadership and stakeholder support necessary to participate in an outcome evaluation. Relatedly, the sites appear to have identified partnerships that may enhance their capacity to support evaluation activities. Through these partnerships, sites will be able to engage in data collection and analysis that may contribute to a future outcome evaluation. All four sites also indicated they have a shared vision for their projects rooted in a sound theory of change. While all four sites have a logic model that outlines the connection between their activities and intended outcomes, all of the sites appear to lack clear and measurable outcomes that are tied to the project activities. Without clear and measurable outcomes, it will be difficult to identify research questions and design an evaluation to assess whether these approaches are effective.

Some sites appear to lack necessary infrastructure for data collection and analysis as well as a plan for generating data on the effectiveness of their approaches. Sites should begin to map available data sources to both process and outcome measures and identify gaps so they can develop new forms of data collection as needed. At a minimum, sites will need to identify and collect data to track the implementation of each approach. It will also be necessary for sites to develop procedures that outline how data will be collected and analyzed. Finally, some sites appear to lack consensus among stakeholders about the project

Areas of Growth to Support an Outcome Evaluation

SITE-LEVEL READINESS

- Execute any pending data and information sharing plans.
- Create opportunities to increase evaluation capacity and measure program effectiveness for all staff.
- Create opportunities for project staff and stakeholders to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.
- Identify and resolve challenges sharing data and information across systems and jurisdictions.

PROJECT READINESS

- Refine logic models and delineate a logical link between program goals, objectives, activities, and outcomes.
- Identify and operationalize specific measures that align with outcome categories.
- Develop consensus regarding a timeframe for project activities and when outcomes will occur.
- Create processes for linking systems, tracking referrals, and measuring outcomes.

EVALUATION READINESS

- Clarify the degree to which existing data are available and of sufficient quality to support an outcome evaluation.
- Identify whether existing data sources map to outcomes and could provide the basis for an outcome evaluation.
- Establish clear roles with research partners to support capacity for data collection as part of an outcome evaluation.
- Invest in identifying a process for clear baseline and establishment of comparison groups.
- Identify internal evaluation capabilities and processes for supporting an outcome.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

components and the collection and use of data. These findings are not surprising given that two of the sites just completed the planning phase and have yet to make several key decisions regarding their approaches.

Recommendations for Future Directions

The evaluability assessment represents a snapshot of a single point in time for these demonstration sites, and the conclusions discussed are likely to change as the sites progress. This evaluability assessment is therefore intended to provide general guidance to these and future sites that may be interested in evaluating an individualized approach to linking systems of care. An evaluator should ideally be involved in the planning process so that the measures, instruments, and data collection and schedules can be carefully coordinated and sustained over the course of the project. For any program to be evaluated on outcomes, the program establishes clear goals, measures, and timelines to be completed during the evaluation process. Likewise, any evaluation must have ample support and commitment from leadership, program staff, and other stakeholders on the importance of data collection and evaluating program effectiveness. To support an outcome evaluation adequately, the demonstration sites may benefit from the following recommendations related to outcome evaluation:

1. **Refine logic models and delineate a logical link between program assumptions, inputs, activities, outputs, outcomes, and goals.** Sites may benefit from revising logic models and carefully considering the outcomes (i.e., measurable changes achieved during a specified timeframe) and goals (i.e., intended impacts) it intends to achieve with the project activities. Sites may want to ensure that the outcomes are specific, measurable, achievable, realistic, and feasible based on data availability and the current timeline. Measurable outcomes will provide sites with clear guidelines for determining success and help determine what data to collect. It is also necessary to ensure that outcomes are realistic and feasible within a given period.
2. **Formally execute data and information-sharing agreements across systems.** Linking systems requires collaboration and necessitates the exchange of information. It is incumbent on leadership and project staff to identify and resolve challenges for sharing information across systems and jurisdictions. Sites can then decide if there is a need to work within the constraints of the available data, such as developing proxies to define success if data do not exist, or identify other primary data collection opportunities to be developed. Formal agreements can be useful for defining how data will be shared and providing clear direction to project staff and teams as they begin to work with partners across systems.
3. **Identify internal evaluation capabilities and processes for supporting an outcome evaluation.** Sites may also benefit from identifying internal staff or other stakeholders with research expertise who can support or lead data collection activities and communicate with external evaluation partners. Developing strategic partnerships with researchers will increase the sites' capacity to collect and analyze their own data and provide valuable support during an outcome evaluation. External partners can help with all aspects, including refinement of measurable outcomes, evaluation planning, data mapping for evaluation, identifying evaluation talent such as development of requests for proposals, budgeting for an evaluation, and conducting specific evaluation tasks.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

4. **Establish clear roles and needed capacity from current relationships with research experts to support data collection for use in an outcome evaluation.** Sites may benefit from identifying key stakeholders who are able to provide access to valuable data sources. Administrative data, including data from case management systems or other service provider records, may provide a means to assess the effectiveness of the sites' approaches for linking systems; however, these data may be difficult to access due to confidentiality concerns and barriers to information sharing. Sites may wish to develop relationships with key stakeholders in their state who can support these efforts and provide guidance navigating systems and processes.

Navigating Systems Change: Linking Systems of Care for Child and Youth Victims of Crime (Chapter 4)

The concept of using a systems change approach to address intractable community-level issues, such as child victimization, is deeply rooted in systems theory. For this report, system is defined as a set of entities working together as parts of a mechanism or an interconnecting network, a health care system, the child welfare or mental health or school system. To create a system of care, these systems and subsystems must be "linked" through the establishment of meaningful partnerships. These partnerships are characterized by a shared vision and willingness to modify and coordinate operations in order to fulfill the vision.

At the heart of the LSC project is the presumption that every system that enters into the system of care must undergo some change to its current operations. These modifications create the innovation that leads to better identification, referral, and services for victims of crime. Hence, systems change is an intentional process designed to fundamentally alter the components and structures that cause a system to behave in a certain way. To achieve systems change in a project like LSC requires willingness from system leaders and administrators to make the systems change within their own organizations, which is ultimately a prerequisite for creating a system of care. Systems of care is defined as a spectrum of individualized services and supports that are organized into a coordinated network of systems. Linking systems of care can be achieved only after each system agrees on a shared vision and collaborates with other systems for achieving the stated common goal or vision.

KEY DEFINITIONS

System: A set of entities working together as parts of a mechanism or an interconnecting network (e.g., health care system, child welfare system, mental health system, school system).

System Change: An intentional process designed to fundamentally alter the components and structures that cause a system to behave in a certain way. It is often about addressing the root causes of social problems (e.g., victimization), which are often intractable and embedded in networks of cause and effect.

Systems of Care: A spectrum of individualized services and supports that is organized into a coordinated network of systems, builds meaningful partnerships, addresses cultural and linguistic needs, in a strength-based manner to improve the functioning of individuals (e.g., victims of crime).

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Key Considerations for System-Level Change and Linking Systems

Linking systems represents a precursor to change because it alters the status quo by purposefully intervening to change the relationships between existing systems. Successful systems change alters the behavior of individuals, organizational structures, culture, and climates within organizations as well as the thinking of system directors and policymakers (Wallace et al., n.d.). For systems change to be effective, it cannot be composed of piecemeal efforts that tinker with parts of the system, but must occur through systemic change within the institutional structures at the system, organization, and service delivery levels. System-level change necessitates, but is not limited to, these key constructs:

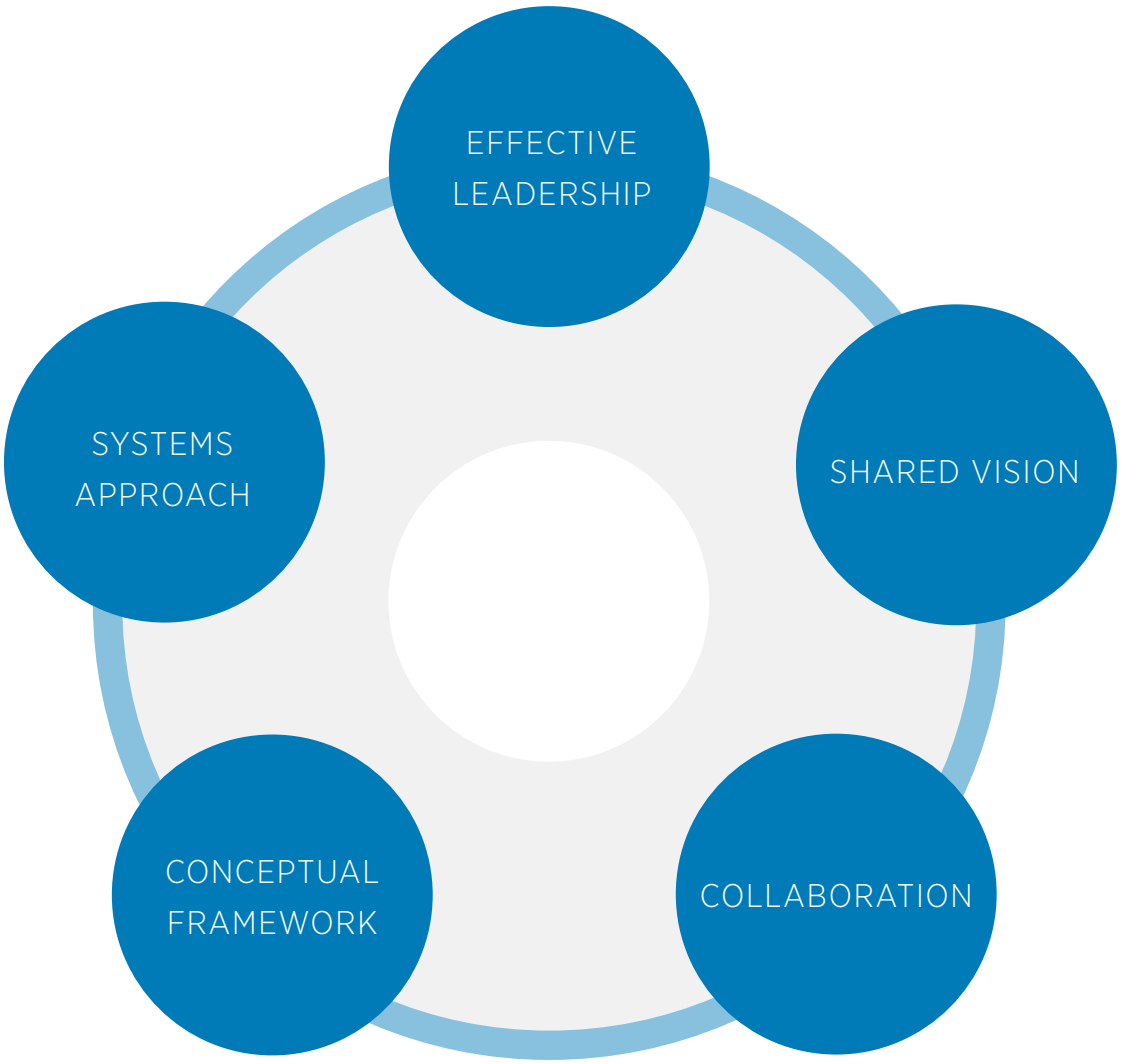
- **Creation of a conceptual framework.** System-level change requires leadership from each system to commit to core values and agreed-upon principles that will guide the planning and implementation of the systems of care. The framework of principles provides each system with a clear sense of the overall system values to which they should adhere, while allowing flexibility for the system to be responsive to local needs (Stroul, 2002).
- **Establishment of a shared or common vision.** A shared vision creates the foundation for stakeholders to work collaboratively toward system and organizational change (National Technical Assistance and Evaluation Center for Systems of Care, 2010). A shared vision is critical to linking systems because the perspectives and priorities of individual systems often differ from those of other system administrators, agency staff, families, and stakeholders. A shared or common vision provides a focal point for developing strategic plans and can motivate and inspire stakeholders to take action around common goals that support and promote the vision of linked systems.
- **Promoting collaboration across systems.** A key factor in systems change is strengthening partnerships between those seeking to link systems and fostering collaboration among system partners within and across systems. Among system partners, the purpose of the collaboration needs to be clear and documented formally in memorandums of agreement that clarify partner roles and responsibilities. Interagency collaboration is critical to systems of care because it helps create a sense of community ownership for supporting children and families and addressing their needs and strengths. It also helps reduce duplication of effort, promote greater efficiency in the use of resources, educate about the policies and structures that drive system operations and funding, and create the data systems to track outcomes.
- **Infusing effective leadership.** The leadership of each system must ensure that their organization is ready to institutionalize the changes that accompany the linking of systems and advance the shared vision. Leaders must formulate policies that will further solidify the agreed-upon changes in operations in their systems. Policies should set clear expectations for collaboration and concrete guidance to staff on new operational procedures. Leadership must also be willing and able to adapt and make adjustments when progress is not occurring as expected.

Readiness for change in the systems and subsystems (i.e., agencies and organizations that comprise the system) entails institutionalizing the vision of the initiative and building the internal capacity to support it. The readiness of a system can be enhanced through activities, including mapping the system to

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

identify key operations and resources, building institutional capacity (e.g., staff competencies, gaps in service provisions, resource constraints), promoting cross-system collaboration, and identifying system and community champions to help in mobilizing interest in supporting the program among stakeholders, and making system improvements.

KEY CONSIDERATIONS FOR CREATING SYSTEM-LEVEL CHANGE

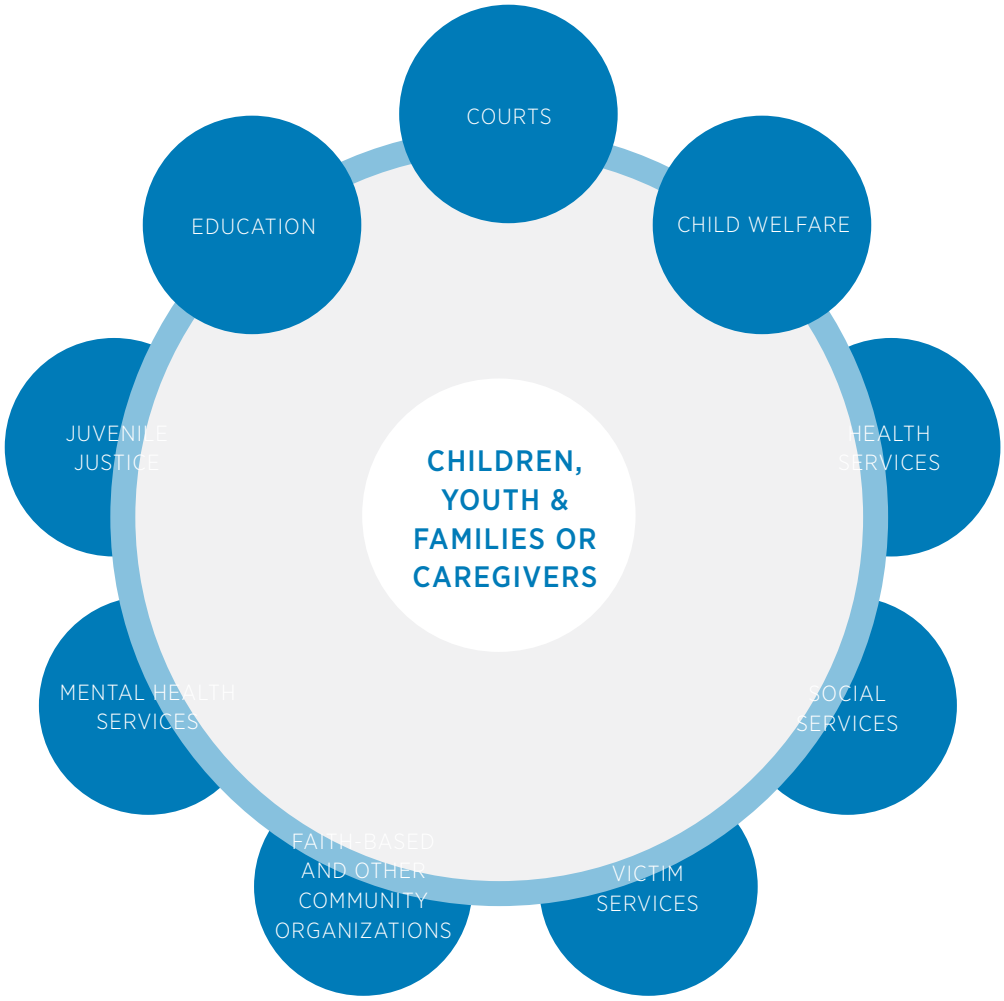


This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

LSC Partners for Child and Youth Crime Victims

Linking systems is the first step across systems and disciplines that brings together system partners to serve the needs of child and youth victims and their families. Through this spirit of community partnership, child victims and families are able to experience timely and seamless access to services, regardless of their point of entry to the system (OVC, 2018). Yet despite often having a common interest, each system has different policies, operations, priorities, and missions. Policies and procedures are often grounded in statute, and each system may have distinctive approaches to funding, establishing and operating programs, purchasing strategies, use of technology, human resource development, and other structural differences (Capacity Building Center for States, 2017). Linking multiple systems therefore requires a conceptual framework that provides a clear philosophy and core values, yet allows local variations that enable individual systems to adhere to the system's values and still be able to address inter-organizational dynamics unique to the system's structure, such as funding policies (Stroul, Blau & Sondheimer, 2008).

LSC PARTNERS FOR CHILD AND YOUTH CRIME VICTIMS



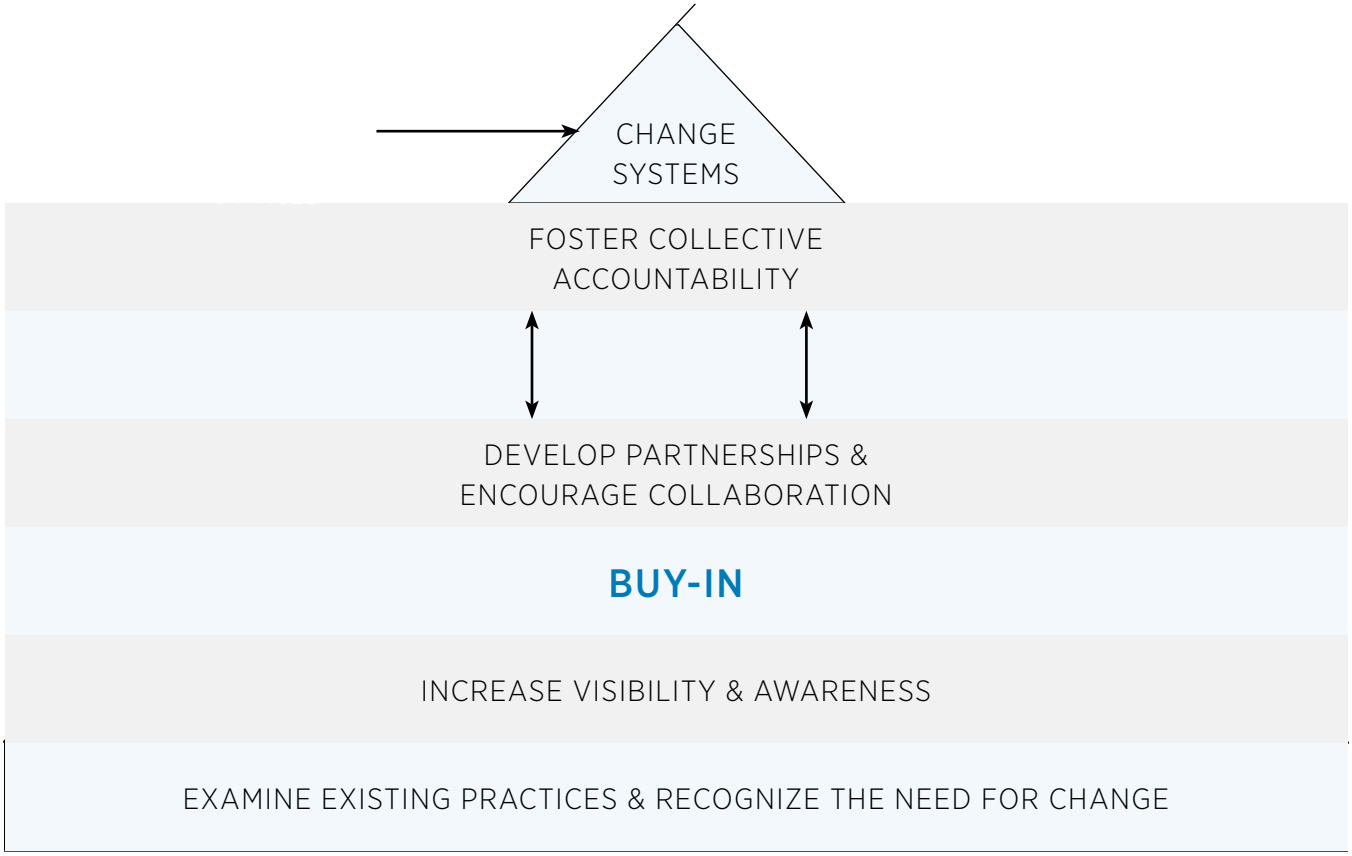
Framework for LSC Demonstration Site Initiatives

The Building Blocks for Creating System Change model was developed as a tool to align the activities and expectations of funders and grantees when they design and build strategies to achieve lasting systems change, and was a useful conceptual framework for OVC's LSC for Child and Youth Victims initiative. The model depicts the following "building blocks":

1. **Examine existing practices and recognize the need for change.** At this stage, information is collected about the needs of the target population, service capacity gaps, access barriers, and relevant stakeholders that need to be at the table to facilitate change. This is also the time to examine the power structures associated with the systems involved to determine the readiness for change, identify resources and leaders, and identify challenges and barriers to the context.
2. **Increase visibility and awareness.** This involves convening stakeholders with a common interest in improving services for child and youth victims of crime and sharing what they know. Usually, this is done via community collaboratives, conferences, and other communication vehicles with the goal of establishing support and creating new partnerships.
3. **Develop partnerships and improve collaboration.** This stage is to create collaboration among key partners and key allies within and across agencies and organizations. This goal is to enhance collaboration that will, in turn, reduce fragmentation across systems and create a more suitable, trusting environment for information and data sharing across service system. This can help facilitate data analysis, performance monitoring, and building capacity for evaluation.
4. **Foster collective accountability.** This process often involves a cultural change for the systems and subsystems involved in a mutual project. The goal is to achieve a sense of collective accountability for following through on decisions that are agreed upon in regard to things such as data and information sharing, processes for doing business across systems, and policy changes.
5. **Change systems.** This is the stage where systems change occurs, resulting in sustainable modifications to policy and practice. Changes in policy, service delivery, culture, and practice are sustained within the organization and across partnering agencies, which are the primary results of the collective effort.

This model can facilitate the development of indicators for progress in systems change within and across organizations and communities. Using this model, funders and grantees can assess their progress and organize implementation activities in a manner that provides a sense of structure. This process is not expected to be linear, but rather a framework for the building blocks of long-lasting systems change.

BUILDING BLOCKS FOR CREATING SYSTEM CHANGE



Source: Linkins et al., 2013

Specific Strategies for Planning and Implementing Systems Change

There are many different ways to plan and implement a project like linking systems for care. However, a great deal of guidance in the scientific literature and widely accepted practices are shown to facilitate successful planning and implementation of systems change, as well as other smaller scale projects. Generally, this guidance is described in the field of "implementation science," as well as related areas such as "dissemination and implementation science," which seek to increase uptake of evidence-based practice in the field. This research also tells us that endorsement and application of evidence-based practice is a slow process. Fortunately, implementation science has proven action steps or strategies to assist project developers in planning and implementation.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

KEY TASKS OR ACTIVITIES FOR SUCCESSFUL PLANNING AND IMPLEMENTING LSC DEMONSTRATIONS

Planning a grant-related project should begin as early as the proposal phase. In initial or early planning, there should have been some discussion of the potential population of focus, the needs of the population to be addressed, and the theory of change. After the award, project planning begins in earnest with attention to finalizing the tentative decisions made during the grant-writing process.

A practical approach to planning and implementation might include two planning stages and two implementation stages. Current and future LSC demonstration sites can use this structure as a guide for successful project development. These stages are:

Planning Phase—Stage 1: Assess readiness for change, adopt evidence-based practices, assess the fit of the program to the needs of the child victim and family, and develop a logic model that will actually be implemented.

Planning Phase—Stage 2: Ensure availability of resources to initiate the project, such as staffing, space, equipment, organizational supports, new operating policies and procedures, and coaching and support plans.

Implementation Phase—Stage 1: This phase involves the project launch and is characterized by frequent problem-solving at the practice and program levels. Organizational leaders and staff learn the new ways to work, adapt, and learn from mistakes, and continue the effort to achieve buy-in by those who will need to implement the project components.

Implementation Phase—Stage 2: The new program or practice is integrated fully into the organization. Ensure components are integrated into the organization and are functioning effectively to achieve desired outcomes. Staff are skillful in service delivery, and new processes and procedures have become routine.

Within each of these phases, demonstration sites should perform key tasks and activities to ensure continual progress. Some of the activities are: (1) creating planning and implementation teams, (2) determining need, (3) identifying the theory of change and creating a logic model, (4) developing decision support data systems, (5) selecting sites, (6) developing a communication plan, (7) planning for sustainability, and (8) building institutional capacity to ensure that the organization and staff can complete the tasks and responsibilities of the project. All of these planning and implementation phases and key activities are necessary to prepare demonstration sites adequately for an outcome study or evaluation.

Preparing for an Outcome Evaluation

A primary purpose of the evaluability assessment contained in this report is to assess the capacity of the sites to support an outcome evaluation and provide guidance for future project development and potential replication. There is no specific timeframe when the outcome evaluation occurs, but the timing is linked to the maturity of the project, which may vary from project to project. A key lesson learned from the current demonstration sites is that it is best if an outcome evaluation is designed during the project planning phase prior to implementation. The evaluator should be involved in the planning process so that the measures, instruments, and data collection procedures and schedules can be carefully coordinated and sustained over the course of the project. The program model must be well defined with attainable and measurable goals, objectives, and outcomes. Only at this point can an appropriate study design be considered. The LSC demonstration sites have not fully achieved this level of development. It is important for a site to achieve a certain level of maturity before it can host or support an outcome evaluation.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The project's maturity and readiness for an outcome evaluation should be assessed early in the planning process. Readiness can be assessed in any number of ways. As described above, ICF chose to assess maturity or readiness of the projects by three areas of measurement—site-level readiness, project readiness, and evaluation readiness. Regardless of the method of assessment, it is critical for programs to have the capacity for monitoring program performance and providing feedback to site planners and key implementers. This allows the program to determine whether it is meeting its targets of fidelity and timing. These performance data or process measures can also be used for the systematic assessment of outcomes. The results of the LSC sites' evaluability assessment determined that some sites had not progressed enough to adequately operationalize performance indicators that are most meaningful for tracking purposes, nor had they determined which data systems or sources could be exploited to measure the site's progress on key objectives, activities, and outputs. Based on the results of the formative evaluation, sites were determined to be only moderately ready to support an outcome evaluation at this time.

Recommendations for Future Sites

This report shares specific recommendations for how current and future sites can determine whether the planned changes within systems and across systems of care have occurred. They are designed to provide guidance to the demonstration sites as they seek to achieve the goals and objectives of their projects. M any of the challenges associated with the current demonstration sites can be addressed by considering the following recommendations:

Develop and refine logic models. Logic models provide a logical link between the program goals, objectives, activities, and outcomes. The logic model serves as the road map of the program's activities and intended effects. It is therefore imperative that sites devote time to developing a clear logic model initially and refining it as the program progresses. By so doing, project teams can track progress and understand whether the project meets its intended goals and objectives.

Develop a practical and feasible timeline. Sites must be realistic in their goals and objectives and the timeline for completion of tasks. This challenge can be overcome by using the logic model, retaining the expertise of a researcher, and making the project manageable by not aiming to do too much in a limited period.

Clarify roles of research partners. Research partners bring to the project specific skills in the field of program design, monitoring, and evaluation that are important to the project getting off to a good start and remaining on track. Research partners can be most helpful to a project if their roles are defined clearly based on the needs of the project. They should be used to further the goals and objectives of the project by assisting with the development of logic models, identifying relevant performance measures, and periodically reporting on project results. They can also determine whether adequate data systems and sources are in place for measuring performance and outcomes, or develop new data collection protocols to fill gaps in data availability and access.

Identify internal evaluation capabilities. Undertaking tasks effectively, such as refinement of measurable outcomes, evaluation planning, and data mapping for evaluation, requires that projects invest resources in evaluation tasks. Sites should assess their internal capabilities to undertake these tasks and, if unable to do so, should engage external support. By doing this, they are likely to be better able to gather data that will help them to track progress and determine the success of project.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Develop formal partnership agreements. Develop a written partnership agreement with each partner agency outlining exactly what will be contributed to the project and under what terms. By creating formal agreements, partners are more likely to honor their responsibilities to the partnership, and each person on the team representing distinct systems can be held accountable for their individual contribution. An agreement in writing further increases the likelihood that the arrangement will remain intact, even if the original signatory leaves the position, and thereby contribute to the sustainability of the project.

Establish roles and responsibilities of system partners. Each system partner should have a clear understanding of their roles and responsibilities as members of the system of care. It is common for partners to disconnect from a project when it is unclear that there is a need for their expertise. To avoid this, sites should ensure that system partners have clear direction on what is expected of them as well as any related timelines and other specific conditions related to task completion.

Develop policies and accountability structures. All system change efforts are accompanied by changes in policies and accountability that affect the ways in which individuals collaborate. Without clear policies and accountability, it is difficult to manage the project functions so they are completed in a timely and efficient manner. Sites should implement policies that establish the expectations of partners and promote accountability.

Maintain strategies for partner engagement and collaboration. One of the key characteristics of systems is that they enable partners to achieve more in partnership than independently. Sites should therefore make partner engagement a priority, focus continually on engaging partners and building and strengthening collaborations. More importantly, sites should use strategies to keep partners engaged over time.

Identify data sources and develop data systems for performance and outcome monitoring. Data play a key role in helping to determine whether a project is on track to meeting its goals. To do this effectively, sites must identify available data sources and put appropriate systems in place for accessing and monitoring the data from assessment to referral to outcome.

Invest in identifying a methodologically sound design for outcome evaluation that delineates a clear project baseline and identification of comparison groups. Sites should plan an approach to evaluation that enables them to implement a research design that has a clear baseline so program progress, changes in outcome, and the impact of the program can be properly assessed. Sites should also identify potential comparison or control groups early in the planning process to allow for assessment of program effectiveness.

Ensure quality service delivery and the use of best practices. To ensure that the services delivered are of high quality, it is important that sites select qualified staff, offer training, and provide support through coaching and feedback. No level of collaboration and coordination will have positive impacts on child and youth victims of crime if the services provided are not delivered effectively. Sites should consider assessing service provider delivery operations for adherence to best practices in the treatment of crime victims.

Begin the planning for sustainability early in the planning process. Sites should consider planning early for sustainability. Sites should also use their data to "make the case" for why a particular program should be continued, and foster continued commitment to the project's shared vision and operations among partners and other stakeholders.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Despite the concerns that come with the paradigm shift to establishing a system of care, only a complete change in the way systems operate and services are delivered can produce lasting change. This report seeks to provide an understanding of systems theory and related system characteristics that complicate the process of linking systems. Both the formative evaluation and evaluability results helped inform what systems changes might be necessary for the sites to position themselves for an outcome evaluation. Lessons learned from the current LSC sites were used to formulate recommendations for continued development. The findings highlight a number of planning and implementation deficits that inhibit the capacity of the sites to host an outcome evaluation at this time. By gaining a deeper understanding of the complexities of systems change and the fundamental principles for planning and implementing change, ICF hopes that the current LSC demonstration sites will find the information contained in this report useful as the sites continue the difficult work of creating systems of care for crime victims in their states. Additionally, we hope the recommendations will be useful for future demonstration sites in other states and jurisdictions. While the process of change can be onerous, if implemented with fidelity, the work of the current OVC-funded LSC demonstration sites can lead to improved service delivery and put young victims and their families on a path toward healing.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

CHAPTER 1
INTRODUCTION

Child victimization in its many forms remains a nationwide concern, with between 44 and 60 percent of children reporting experiences of victimization in national studies (Finkelhor et al., 2009; Sedlak et al., 2010). A study from 2016 estimated there were approximately 676,000 child victims of crime nationwide, which equates to a rate of 9.1 victims per 1,000 children (U.S. Department of Health and Human Services, 2018). An earlier study of 4,000 children across the United States found that 50 percent had experienced multiple direct or indirect exposures to violence, and 31 percent experienced four or more victimizations (Finkelhor, 2011; Finkelhor et al., 2015). The impacts of victimization, if left unaddressed, can have serious long-term effects on the physical and mental health of children, which vary based on the child's developmental stage and frequency of exposure. Although physical injuries resulting from a crime are often easiest to identify, victimization also can have significant negative consequences for a child's development. Psychological, emotional, and behavioral outcomes that stem from childhood victimization can include aggression, poor self-control, social withdrawal, anxiety, depression, attachment disorder, attention deficit hyperactivity disorder, oppositional defiant disorder, heightened fear response, and post traumatic stress disorder (Cole et al., 2005; Darwish et al., 2001; Etkin & Wager, 2007; Ford et al., 2000; Márquez et al., 2013; Van Wingen et al., 2011). Childhood neglect is also linked to lower academic achievement and increased risk of arrest in adulthood (Nikulina, Widom, & Czaja, 2011). These high rates of victimization, and the related potentially serious negative consequences of the victimization, demonstrate the importance of ensuring effective service delivery to meet the needs of this population.

Given the traumatic experiences of child victims, their needs are often multidimensional and include basic needs for survival, medical and mental health care, home or caregiving (e.g., foster care, permanence), and education to help in navigating systems (e.g., understanding child welfare processes, coaching for testimony), among others. Often, child victims must seek these services from multiple systems, such as education, behavioral health, health services and juvenile justice, early childhood, child welfare, and victim services. These systems often fail

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

to communicate and collaborate effectively to address the root causes of children's problems. Each of these systems is more likely to approach children's experiences of trauma from one perspective, and there are seldom system structures in place to coordinate the efforts (Ko & Sprague, 2007). As a result, the systems serving children are often fragmented and so poorly organized that children and their families are denied access to services by the systems designated to help them. This lack of coordination and collaboration among providers can have serious effects on victimized children and their families seeking specialized services and comprehensive care from multiple sources. To ensure that services are more accessible to victims, service coordination is imperative. Providers must have the tools they need to identify children who have experienced victimization and refer them to appropriate services (Burke, Hellman, Scott, Weems, & Carrion, 2011; Finkelhor et al., 2011; Muraya & Fry, 2015).

Several promising approaches for improving service coordination and collaboration among systems and service providers have been developed over the years. They include systems of care, wraparound services, continuum-of- care models, the holistic service model, and integrated care in the field of behavioral and medical care. One of the most effective approaches for serving children is systems of care designed initially for children with mental health needs, which has been adapted across other child-serving sectors such as child welfare (National Technical Assistance and Evaluation Center [NTAEC], 2009), juvenile justice (Cocozza, Skowyra, & Shufelt, 2010), and education (Sebian et al., 2007). The systems of care approach encourages collaboration by bringing together representatives from relevant systems to develop and implement strategies that increase access to services through information sharing across systems, improving assessment or screening processes, streamlining referral mechanisms, and creating policy and procedural changes (Hodges, Ferreira, Israel, & Mazza, 2007; Melius, Black, & McCarthy, 2009). Evaluations of systems of care document positive outcomes for children and their families, including improved emotional well-being, reductions in trauma symptoms, and improvements in academic performance (Stroul, Goldman, Pires, & Manteuffel, 2012).

In the field of primary and behavioral health care, the integrated care approach has been gaining ground. Integrated care entails the provision of care that allows each system to integrate services at any one of three levels, depending on the attributes of the system. Integration in its simplest form requires only coordination of services, which may be improving communication between sites and providers. At the next level, services may be co-located so that patients are able to access both physical health and behavioral health services in the same location. The most tightly integrated system makes provision for truly integrated care that entails the centralization of records, such as treatment plans, so that all service providers have access to the same information. At each of these levels, providers have the option to deliver services in multiple ways depending on the provider, type and location of care, and the coordination of services. Integrated care has many positive benefits for patients, including easy access to services, and reductions in homelessness, hospitalization, emergency room visits, demand for detox stays, and various diseases (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.).

The outcomes of these systematic approaches to service provision offer evidence that applying a similar approach in the field of child victimization might improve the responses to the needs of victimized children and youth. By seeking to adopt a systematic approach in responding to the needs of child and youth

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

victims, the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice, took an unprecedented step to bring about much needed change in the field of child victimization. OVC is now funding the Linking Systems of Care (LSC) for Children and Youth State Demonstration Project to promote a coordinated response to the needs of child and youth victims. If this new program is to achieve its stated objectives, it is imperative that participating systems focus on promoting the required changes within and across systems that align with a common vision for serving the needs of child and youth victims. Furthermore, there must be readiness for change across systems evidenced by effective leadership of the systems change effort, a systems approach in program design and implementation guided by a conceptual framework, and strong, effective collaboration. Within systems, organizations and agencies must also take steps to implement and sustain the changes that entail mapping the system to determine its attributes, building institutional capacity, fostering a culture and climate of collaboration, identifying champions to support the program by sharing lessons learned from experiences, and developing a plan to sustain the program. In taking the lead in this current effort, OVC built upon the agenda of a strategic initiative and propagated its vision to change the response to child and youth victims through a plan of action to implement the LSC demonstration project.

Impetus for the LSC Children and Youth State Demonstration Project

In 2011, OVC initiated a comprehensive assessment of the victim services field in order to develop recommendations to support strategic growth. The initiative focused on four key topic areas: (1) the role of the victim services field, (2) building capacity, (3) enduring challenges, and (4) emerging challenges. These topics were explored through literature reviews, forums, and other means of collecting data, and recommendations for addressing them were described in a final report (OVC, 2013). In the report, OVC also summarized recent research findings that corroborated the findings of the U.S. Attorney General's National Task Force on Children Exposed to Violence and highlighted the growing issues of child victimization and exposure to violence. According to the 2008 National Survey of Children's Exposure to Violence, for example, more than 60 percent of the children surveyed were exposed to violence during the past year, and more than one-third of the children reported experiencing multiple forms of victimization (Finkelhor et al., 2009). Together, these reports paint a troubling picture of the risks to which children are exposed. Furthermore, these young victims remain underserved by the systems charged with caring for them and their families. Often, the systems are fragmented and work in isolation instead of in concert with one another, resulting in the provision of services that are inadequate and inefficient.

Building on decades of work in social change in organizations and communities, OVC developed the strategic initiative to address the needs of victims of crime and provide a strategy to "permanently alter the way we treat victims of crime in America" (OVC, 2013). As part of the initiative, OVC created the LSC for Children and Youth Demonstration Project, intended to directly impact the field of child victimization. LSC represents the first known effort to create a coordinated, system-level network of support to enable child victims and their families to access the services they need to seamlessly promote healing among crime victims and their families (National Council of Juvenile and Family Court Judges, (n.d.).

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

OVC's Guidance for the LSC State Demonstration Project

The goal of the LSC demonstration project, as described by OVC's FY 2014 grant solicitation (CFDA 16.582), is "to improve responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and full range of victim needs." In the solicitation for applicants to implement the project, OVC made it clear that the project should be designed "to bring together all of the relevant systems and professionals to provide early identification, intervention, and treatment for child and youth victims and their families and caregivers."

OVC suggested that sites engage representatives of state government, victim services, law enforcement, health services (physical, mental, and behavioral health), juvenile justice, courts, educators, and other state, tribal, and local entities as active participants in meeting the project's goal. In addition, OVC provided an example of a viable strategy for bringing child-serving systems together, which entailed developing "a universal victimization screening and requisite response/treatment protocol to screen for multiple types of victimization across systems (no matter if the child/youth presents as a victim, witness, or offender), and put into place the necessary services that will get to the root of the child/youth's trauma."

OVC then selected and funded four applicants to become demonstration sites. The first cohort of two sites, Montana and Virginia, was initially funded in 2015, and the second cohort, Illinois and Ohio, was initially funded in 2017. OVC hopes that through the course of the project's implementation, the sites will not only achieve the goals of the project but also gather lessons learned that will be helpful to other sites seeking to undertake similar work with child and youth victims and their families. The sites were expected to implement their strategies during a five-year implementation phase following a 15-month planning phase, during which they would establish a network of stakeholders, identify their pilot sites, and assess the needs of the population of focus. The guiding principles and core values that were developed by the sites under the direction of the national training and technical assistance (TTA) provider.

Early in the planning phase of the project, sites participated in a process with the TTA partner (National Council of Juvenile and Family Court Judges [NCJFCJ]) to develop the guiding principles and core values and integral to the work of the LSC project (see textbox). The

Vision Of The Linking Systems Of Care For Children And Youth State Demonstration Project

"...OVC is issuing this solicitation for state-level demonstration projects **to bring together all of the relevant systems and professionals to provide early identification, intervention, and treatment for child and youth victims and their families and caregivers**. While each state may approach these issues somewhat differently, and may engage unique partners, OVC expects that, at a minimum, the following systems are active participants: representatives of state government, victim services, law enforcement, health services (physical, mental, and behavioral), juvenile justice, courts, educators, and other state, tribal, and local entities. One example of a collaborative approach would be to develop a universal victimization screening and requisite response/treatment protocol to screen for multiple types of victimization across systems (no matter if the child/youth presents as a victim, witness, or offender) and put into place the necessary services that will get to the root of the child/youth's trauma." (p. 5)

Source: OVC, Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project [CFDA 16.582]

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

core LSC values emphasize the importance of good communication, the use of best practices, such as trauma-informed care, holistic services delivery, inclusiveness, and reliance on a strength-based approach. Guiding principles stress the importance of (1) healing individuals, families, and communities, (2) linked systems of care, and informed decision making to "guide efforts to develop and better align all of the systems of care that respond to the needs of children, youth, families, and caregivers" who have experienced victimization (NCJFCJ, n.d.). The principles also provide a benchmark for assessing the needs of communities, developing program policies and protocols, and helping the various systems in reviewing services and referrals (NCJFCJ, n.d.).

Linking systems of care guiding principles provide a framework for successful coordination of systems and services by the demonstration sites. Healing emphasizes communities' and organizations' use of approaches in providing care that is individualized, trauma-informed, gender and culturally responsive, and built on the strengths defined by parents, caregivers, and children. The healing process also entails concentration on safety, justice, positive social-emotional connections, and self-determination at all points of contact. A linked system of care is said to involve clarification of roles, use of a common vocabulary, sharing of information, and engagement of traditional and nontraditional community-based partners and groups. Linked systems also provide the opportunity to leverage resources required to build the community's capacity to provide seamless and equitable access to interventions and supports and meaningful referrals. Furthermore, by linking systems, there is the opportunity for common screening and assessment, accountability among systems and to families, and creation of mutually informed policy agendas.

EXHIBIT 1. LSC PROJECT OBJECTIVES BY PHASE

	LSC PROJECT OBJECTIVES
Phase 1: Planning (15 months)	1. **Establish a network of stakeholders consisting of all of the relevant systems.** This will involve identifying child/youth/family-serving entities from across the state and convening those entities to develop a plan for collaboration and communication moving forward. 2. **Conduct a gap analysis/needs assessment.** States will work with an OVC-identified TTA provider to identify the state's needs through a review and analysis of existing policies, protocols, and practices of participating agencies. The gap analysis/needs assessment process will allow states to identify strengths, gaps, and areas of improvement. Findings from the gap analysis/needs assessment will help formulate the state's strategy. 3. **Develop a strategy.** States will continue to work with an OVC-identified TTA provider to develop a strategy based on the state's needs. This strategy will also include developing a systematic method to screen for victimization across entities; developing protocols and procedures to ensure children and families receive appropriate services; and delivering staff training to implement and sustain the practice statewide.
Phase 2: Implementation (5 years)	1. **Implement the strategy.** The TTA provider will assist with implementation as needed. Refinements to the strategy and its implementation will be made throughout this phase to ensure the methods employed are as successful as possible

Source: OVC, Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project [CFDA 16.582]

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

LSC for Children and Youth Principles of Linking Systems of Care

- Clarify roles.
- Create a common vocabulary related to goals and outcomes.
- Share information (while ensuring safety and autonomy for individuals and families) to avoid duplicative
- Screening and re-traumatization.
- Engage traditional and nontraditional community-based partners, including survivor groups.
- Leverage resources.
- Build community capacity to meet victims' needs including: (a) seamless and equitable access to appropriate interventions and supports, and (b) meaningful referrals.
- Invest in common screening and assessment tools and principles.
- Be accountable to one another and the families being served.
- Create mutually informed policy agendas.

LSC Core Values

- Good communication leads to informed decisions.
- For the best results, both families and practitioners must keep each other informed on a continual basis.
- All efforts must be trauma-informed and support the healing and growth of children, families, and communities.
- Systems of care and communities will provide holistic services with a life-course perspective.
- Consideration must be given to trauma experienced across lifespans and generations, including historical and structural trauma and racism. All work must avoid re-traumatization and include eliminating processes and practices that re-traumatize individuals.
- Children, youth, parents, caregivers, teachers, service providers, practitioners, and administrators must be included in the process.
- The approach is strength-based, focused on resiliency, and empowers youth and their families to make informed decisions about accessing services, support, and community-based programs.

The process of linking systems is also dependent upon informed decision-making, or openly sharing information with families and practitioners so they can access the most targeted, holistic, safe, and effective interventions. Linked systems of care are committed to a process of continuous quality improvement that improves interventions targeted to the needs of children and youth. Within a linked system, information sharing allows decision-makers to make decisions that are informed by circumstances, research, and the needs of children and families. Communities also receive training, technical assistance, and resources to enhance their knowledge of the effects of trauma.

While the guiding principles create a strong conceptual framework for linking systems of care, it is also important for demonstration sites to build the infrastructure that will support and institutionalize the LSC core values. Yet, each demonstration site must first determine what linking of systems truly means for them. Each site must consider the context in their state and local communities and, based on these conditions, determine the flexibility they will allow in linking the systems and the level of integration that is most appropriate. For example, the systems of care approach allows flexibility in implementing the program components, and the integrated care approach allows for different levels of system integration-coordination, co-location, and full integration.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Linking systems of care successfully does not occur spontaneously, but depends on the sites' ability to develop and implement a holistic and comprehensive approach to the process. Stroul (2002) once described the development of a system of care as a multifaceted, multilevel process requiring changes at the state, local systems, and service delivery levels. It requires commitment to a shared vision as well as the individual activities and operational changes necessary to coordinate partnerships across systems. After previous efforts at linking systems in children's mental health, child welfare, education, and juvenile justice sectors, the scientific literature tells us that systems of care were not implemented with inevitability, predictability, and consistency. Therefore, it is important that we understand what factors are critical in planning, implementation, and sustainability (Hernandez & Hodges, 2003). Although the LSC project does not intend to be a replica of the systems of care approach referenced by Stroul, systems of care coordination strategies and lessons learned can be instructive for the demonstration sites. The approach is particularly valuable in demonstrating the process of building strong partnerships that promote change at all levels of the system.

Building National, State, and Local Partnerships

The achievements of the sites were realized in large part because of their work with partners at the national, state, and local levels. Sites recognized early on that bringing the relevant partners onboard was critical to success.

Because the project represents the first large-scale effort to link systems in an attempt to improve services for child victims and families, it was apt to encounter "false starts, frustrations, adaptations, the successive recasting of intentions, the detours, and conflicts-needs to be comprehended" (Marris & Rein, 1969). Fortunately, many of these challenges were mitigated successfully through the LSC sites' collaboration with appropriate partners who provided support such as TTA, leveraged tangible resources, agreed to serve as pilot sites for testing the screener, and provided feedback on the process.

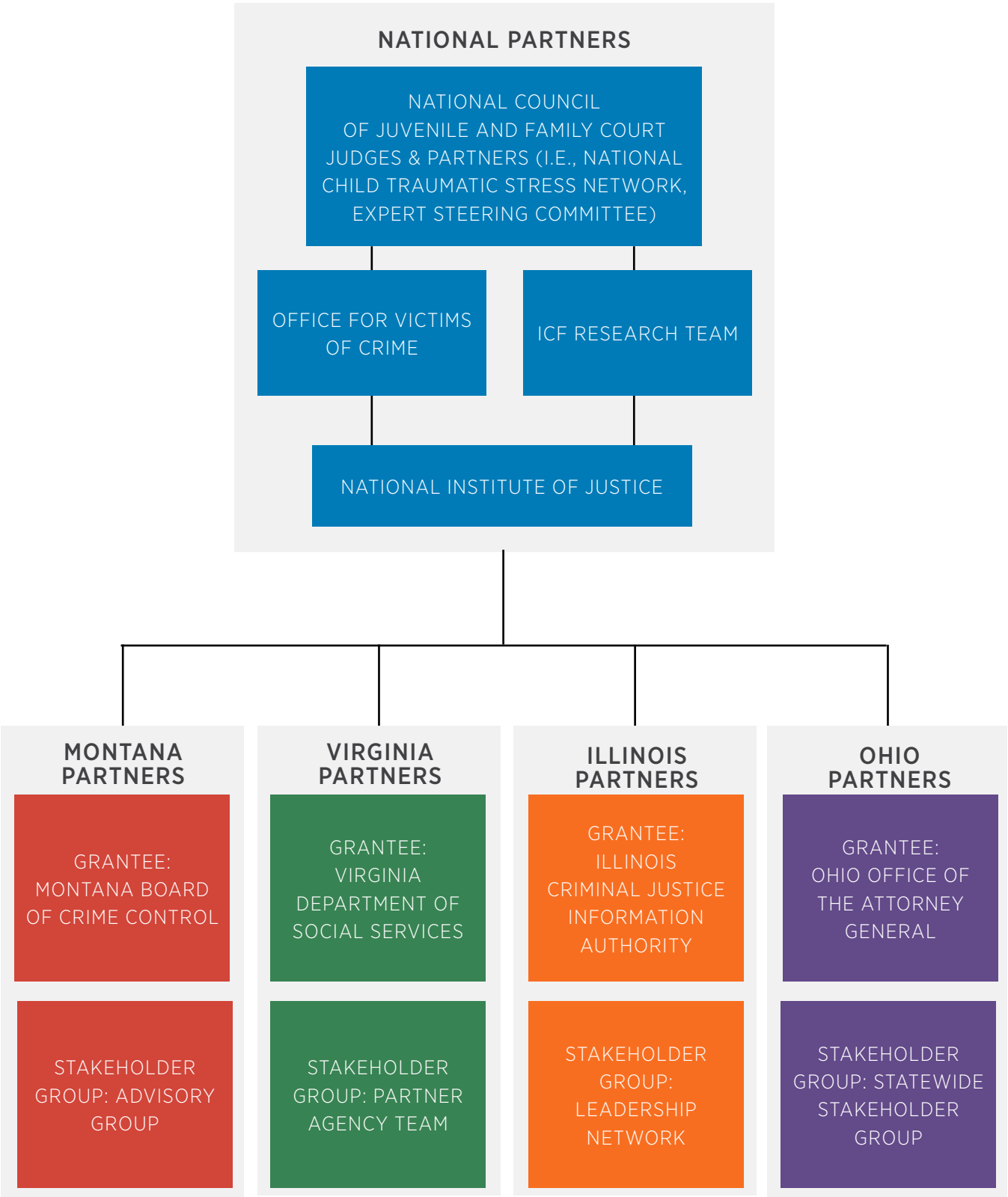
National partners include the funding agency (OVC) and the national TTA provider (NCJFCJ). The roles of each national partner are:

- OVC reviews and approves major project plans and project-generated documents, provides guidance on project plans, and participates in project-related training events or meetings.
- NCJFCJ provides technical assistance to LSC sites for establishing their networks, designing and implementing the gap analysis/needs assessment, developing the core values and guiding principles, and developing and implementing the service delivery strategy. NCJFCJ also partnered with the National Child Traumatic Stress Network to develop a steering committee of national experts to support the demonstration sites.

State-level project partners include the agency funded by OVC and system representatives and service providers involved in caring for child and youth victims of crime. OVC expects that these partners will collaborate with grantee staff and participate in a state-level stakeholder group. Project staff expect to identify and convene representatives from the systems targeted for participation in the project and any additional project partners identified by each state. Exhibit 3 depicts the functional relationships between the national- and state-level project partners.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 3. LSC NATIONAL- AND STATE-LEVEL PROJECT PARTNERS



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Demonstration Sites' Strategies for Linking Systems of Care

Each demonstration site applied its own approach in developing and implementing a strategy for linking systems serving child and youth victims in the state. The Montana and Virginia sites (in the first cohort of sites that have completed the planning phase) adopted the example provided by OVC as the strategy to link the systems in their state. Both sites developed a four-pronged strategy to link systems that included activities unique to their state context. The strategy included:

- A universal victimization screening to screen children and youth for multiple types of victimization across systems (referred to by the sites as a screening tool)
- Requisite response/treatment protocol
- Provision of training to use the screening tool
- A policy review and analysis to understand how existing policies might impact the project or policies that might be changed or implemented

Scope of the Report

The purpose of this report is to describe the work done by the four LSC demonstration sites to link systems serving child and youth victims and their families in each state and provide a consistent, coordinated response to their needs. Because the sites are being funded as two separate cohorts (Cohort 1, Montana and Virginia, and Cohort 2, Illinois and Ohio) with different start dates, they are at different stages in their work, which is reflected in the findings presented in this report. The evaluation focuses on sharing findings about what was accomplished by Cohort 1, which has completed the planning phase of its work; determining whether both cohorts have the capacity to conduct an outcomes evaluation in the future; and sharing information about the changes required to link systems serving child and youth victims and their families effectively. This report therefore does not provide any definitive conclusions about whether the sites will succeed in achieving their goals.

To provide a comprehensive accounting of the work accomplished to date and practical information for replicating this project, this report is divided into five chapters. This introductory chapter provides an overview of the extant literature on the factors contributing to the problem of child victimization. It also describes the process by which OVC set the broad agenda for improving the response to victims in communities across the country, including efforts to improve coordination of services by taking unprecedented steps to implement innovative programs such as the LSC. This introduction also discusses OVC's plan for engaging sites and advancing its vision of promoting a coordinated approach that will "… put into place the necessary services that will get to the root of the child/youth's trauma" (Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project [CFDA#16.582]). Finally, the introduction describes the core values and guiding principles developed by the sites in collaboration with the national TTA partner, its selected national and state-level partners, and the strategy developed by Cohort 1 sites to link systems in their states.

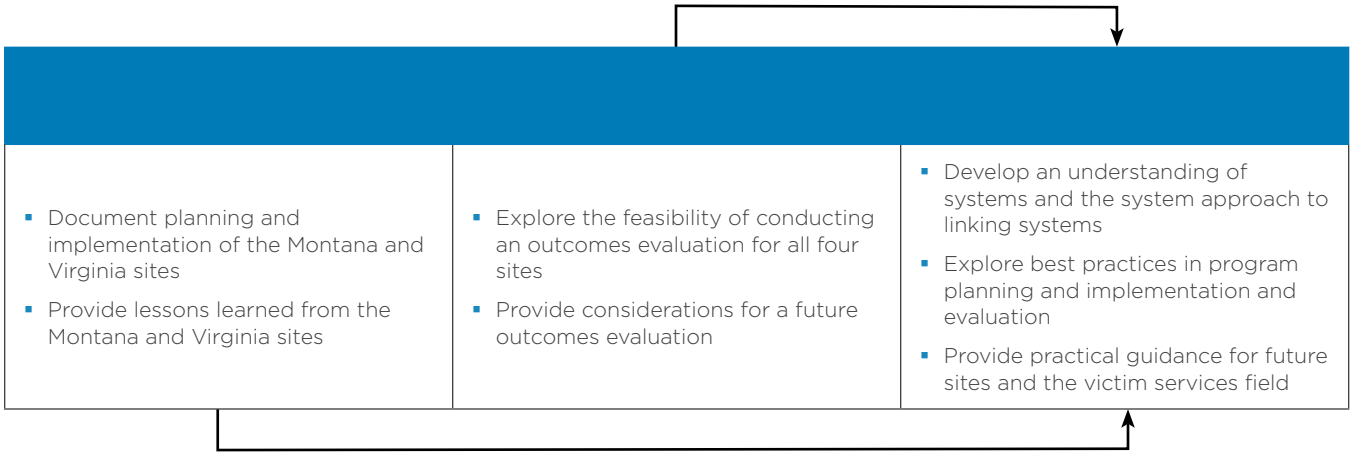
Chapter 2 presents the findings of a formative evaluation conducted with the Cohort 1 sites, Montana and Virginia, to determine their accomplishments during the planning and implementation phase of the project. It examines the sites' accomplishments in the following key areas: (1) planning activities, including stakeholder group development and engagement, and needs assessment activities; (2) implementation activities completed to date, including stakeholder engagement, development of the sites' strategies for linking systems of

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

care, efforts to pilot test their strategies, and next steps and sustainability; and (3) resources used by the sites. Chapter 2 describes the mixed- methods approach, including the use of quantitative data from multiple surveys and qualitative data gathered through interviews, observations, and document reviews to gather information about the sites' progress. The information provides answers to questions of interest to OVC regarding the who, what, when, and why of the sites' accomplishments and gathers invaluable lessons from the findings to inform current and future sites in the field of child victimization. The report documents what the sites proposed, what they accomplished, and the challenges they encountered to date. Additionally, Chapter 2 discusses the sites' use of resources, such as the national TTA provider, and documents the external factors that impacted progress. The chapter concludes with a discussion of recommendations and lessons learned from Cohort 1 that may enhance implementation at these and future sites.

Chapter 3 discusses the findings of an evaluability assessment that explores the readiness of all four LSC demonstration sites—Illinois Montana, Ohio, and Virginia—and, to participate in a rigorous outcome evaluation to determine whether the sites achieved their goals. Similar to the formative assessment, the evaluability assessment uses a mixed-method approach to gather the required information for the analysis. Chapter 3 provides a detailed discussion of the findings of the evaluability assessment that focuses on sites' readiness for an outcome evaluation across three readiness domains: site-level (i.e., support and infrastructure), project level (i.e., underlying theory and strategic approach), and evaluation (i.e., internal and external capacity). The findings of this chapter highlight areas of the sites' substantial progress in developing their projects, as well as areas for potential growth. In conducting the evaluability assessment, the evaluation team lays the groundwork for measuring program outcomes and a roadmap for future outcome evaluation. Chapter 3 concludes with recommendations for future directions for the current demonstration sites and future sites that may be interested in replicating the project.

Chapter 4 combines theory and practice to provide meaningful, actionable information for guiding the work of practitioners in the victim services field. The chapter discusses the concepts of systems change, its related complexities, and its implication for designing a project that links diverse systems that have



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

resisted such changes in the past. It also discusses past efforts to link systems and the importance of program readiness at the systems and organizational levels as a precursor for effective systems change, which is anticipated to occur with the linking of systems of care that serve the needs of child and youth victims. To provide a realistic picture of what it means to link systems, Chapter 4 discusses the types of system partners that should be engaged in a project such as LSC and the challenges that may arise as a result of the diversity of the systems. It also describes a framework for planning and implementing projects like LSC. In providing guidance to determine the readiness of demonstration projects for an outcomes evaluation, the chapter outlines a step-by-step model for such an evaluation. Finally, combining the experiences of the existing demonstration projects and scientific evidence, Chapter 4 provides lessons learned and recommendations for future projects seeking to replicate the project.

The final chapter of the report summarizes the overall findings of the evaluation and its implications for current and future sites. In this regard, Chapter 5 provides a reminder to sites of the key factors that should be considered, such as revision and modification of their work plans, to be ready for an outcomes evaluation. Sites are also reminded of the importance of involving an evaluator early in the planning of the project, determining how they will define and link systems and looking to implementation science for guidance in project planning and implementation. In highlighting the way forward, Chapter 5 underscores the importance of the work that sites have done and the potential of this project for aiding future policymakers and practitioners in ensuring that child and youth victims are able to seamlessly access comprehensive, well-coordinated services, regardless of their experiences and their points of entry to the system.

CHAPTER 2
FORMATIVE EVALUATION

This chapter discusses the findings of a formative evaluation on the planning and implementation processes of the first cohort of LSC demonstration sites, the state of Montana (hereafter referred to as Montana) and the commonwealth of Virginia (hereafter referred to as Virginia), as they developed and piloted their approaches for linking systems of care. A formative evaluation explores the processes associated with planning and implementation, including the questions of who, what, when, where, and how, in an effort to explore successes, challenges, and lessons learned. This formative evaluation intended to provide information about these sites' individualized approaches to inform future efforts to link systems of care and improve service delivery for child and youth victims of crime.

A formative evaluation explores the processes associated with planning and implementation, including the who, what, when, where, and how questions, to explore successes, challenges, and lessons learned.

What Is a Formative Evaluation?

Formative evaluations are widely used in the field of evaluation research to gain an understanding of the process of program development and implementation. They are most useful during development of a new program because they can identify areas of improvement and determine whether activities will lead to intended outcomes (Centers for Disease Control and Prevention [CDC], n.d.; Dehar et al., 1993). Research suggests that conducting a formative evaluation can inform program implementation and lead to improvements in outcomes (Brown & Kiernan, 2001). Similar to process evaluations, these approaches explore a series of questions, with the goal of understanding the processes and identifying the potential influences that may have affected implementation (Stetler et al., 2006). Formative evaluations are designed to assess the elements of program implementation, such as the extent to which activities are conducted as planned, who is exposed to the project and how they are involved, external factors that may have influenced the project,

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

and any modifications or adaptations made to the original design (Ford-Paz et al., 2019; Stetler et al., 2006).

Formative evaluations can take several forms depending on the state of a project or program (Stetler et al., 2006). For example, a formative evaluation conducted before implementation can identify and describe different external and internal influences that may affect the success of a project. Data from these developmental evaluations are often used to overcome potential barriers or challenges prior to beginning implementation. Two other types of formative evaluations, implementation-focused evaluations and progress-focused evaluations, are often conducted alongside implementation activities (Stetler et al., 2006). Implementation-focused evaluations investigate how projects are implemented to determine if they are being implemented as planned in hopes of identifying and tracking influences that impact implementation. Progress-focused evaluations monitor progress toward outcomes by assessing the dosage, intensity, and indicators related to project outcomes. Assessing progress toward outcomes provides opportunities to modify and improve projects. Finally, interpretive evaluations are conducted at the end of implementation, often alongside an outcome evaluation (Stetler et al., 2006). These types of evaluations are intended to provide contextual information to help interpret the findings of an outcome evaluation.

While there are no specific methods associated with formative evaluations, evaluators often use a mixed-methods approach combining multiple sources and types of data. This allows for a more complete and nuanced understanding of the development and implementation of projects or programs through the triangulation of findings across data sources (Saunders, Evans, & Joshi, 2005). In formative evaluations, quantitative data can provide valuable information about the reach and dosage of programs. For example, administrative or survey data can document the number of individuals who participated in a program and the scope of their participation (Saunders et al., 2005). Qualitative data provide valuable contextual information about how a program is implemented (e.g., fidelity to a model, external factors). Interviews with participants and program staff can document challenges faced during implementation and any resulting changes in the implementation plan (Saunders et al., 2005). Additionally, program and participant observations can provide valuable insight into how the program operated on the ground. Together, these different types of data provide a more comprehensive understanding of implementation.

Research Design and Methods of the Formative Evaluation

The research design and methods of the formative evaluation include: (1) key areas covered and research questions, (2) each data source, including the data collection procedures and purposes for each source, (3) the measures associated with the constructs presented in the findings, (4) the analysis strategy, including qualitative and quantitative data analytic procedures, and (5) the Montana and Virginia demonstration sites and their proposed activities.

Overall Approach and Research Questions

This formative evaluation investigated the Montana and Virginia demonstration sites' accomplishments in the following key areas: (1) planning activities, including stakeholder group development and engagement, and needs assessment activities; (2) implementation activities completed to date, including stakeholder engagement, development of the sites' strategies for linking systems of care,

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 4. RESEARCH QUESTIONS AND CORRESPONDING DATA SOURCES

	PLANNING ACTIVITIES	IMPLEMENTATION ACTIVITIES	RESOURCES USED
Data Sources	Key informant interviews, document reviews, observations, Network Partner Survey	Key informant interviews, document reviews, observations, Network Partner Survey, Service Provider Survey, Youth Victim Survey	Key informant interviews, document reviews, observations, Training and Technical Assistance (TTA) Feedback Survey
Research Questions	▪ What activities (e.g., establishing a stakeholder group, conducting a needs assessment) did each site accomplish during the planning phase? ▪ What factors affected decision-making during the planning phase?	▪ What did each site choose as its strategy (e.g., screening tool, response protocol, training) for coordinating systems that serve child and youth victims of crime? ▪ How did each site implement its chosen approach for coordinating systems that serve child and youth victims of crime?	▪ What resources (e.g., funding, TTA) are available during the planning phase? ▪ What resources (e.g.,funding, TTA) are available during the implementation phase?

efforts to pilot test their strategies, and next steps and sustainability; and (3) resources used by the sites. The formative evaluation combined qualitative and quantitative data collected from project staff, stakeholders, and service providers and youth victims in the pilot areas. This approach allowed for triangulation of data across methods and sources, providing context and depth for the findings, and allowing for a deeper, more nuanced story from multiple perspectives. Combined data from key informant interviews, participant and program observations, site documents, and surveys tell the stories of the Montana and Virginia sites, and provide lessons learned from these sites to help inform future sites' program development. Exhibit 4 depicts the research questions and data sources associated with each key area, and the subsections that follow describe each data source in detail.

Data Sources

Collecting data from a variety of sources ensures a comprehensive understanding of how each site developed and implemented its approach to linking systems of care. Each data collection method gathered information about the sites' progress, successes, challenges, and lessons learned. These data include key informant interviews, participant and program observations, site documents, and surveys. Exhibit 5 and the subsections that follow describe the data sources used, for what purpose each source was used, the sampling strategies, the administrative processes, and the type of analysis.

QUALITATIVE DATA SOURCES

Key informant interviews, observations, and document reviews conducted throughout the project provided qualitative data. These data provided accounts of project progress from primary and secondary sources. The subsections that follow describe each data source and their respective collection approach, including the structure of the instrument and the administration procedures.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 5. PURPOSE, SAMPLE, ADMINISTRATION, AND ANALYSIS OF DATA SOURCES

DATA SOURCES	PURPOSE	SAMPLE	ADMINISTRATION	ANALYSIS
Key Informant Interviews	Document the process of developing and implementing each demonstration site's chosen strategy for linking systems of care	Project staff, project stakeholders, national partners	Conducted annually via phone and during in-person site visits from 2015 to 2018	Thematic analysis
Observations	Document organizations and individuals involved in the demonstration project and activities included in each demonstration site's approach to linking systems of care	Monthly site update calls, all-sites meetings, site meetings, events	Recorded notes during project activities	Thematic analysis
Document Reviews	Document specific project milestones and contextual factors	Project-related documents (e.g., reports, screening tools, training manuals, publications)	Requested from project staff, project stakeholders, and national partners	Thematic analysis
Network Partner Survey	Measure project partners' involvement in the project, perceptions of project partnerships, and information sharing among system partners; map the structure of each demonstration site's network over time	Project stakeholders	Administered annually via online survey to all project partners from 2015 to 2017	Descriptive statistics
Training and Technical Assistance (TTA) Feedback Survey (FS)	Measure the role of TTA resources in the project	Project staff who received TTA	Administered quarterly via online survey to all project staff from 2015 to 2018	Descriptive statistics
Service Provider Survey	Assess service coordination among service providers and systems in pilot areas	Service providers in pilot areas	Administered online survey to service providers in pilot areas	Descriptive statistics
Youth Victim Survey	Assess youth and caregiver experiences with service delivery in pilot area	Youth victims and caregivers in pilot areas	Administered paper survey to youth victims and caregivers through partner organizations in pilot areas	Descriptive statistics

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Key Informant Interviews

Key informant interviews, conducted at baseline (2015) and on an annual basis for the three years of the project (2016–2018), documented and described each site's process of developing and implementing the demonstration project. Core members of each site's project team participated in baseline interviews over the phone to obtain background information about the grantee organizations and gather information about the initiation of each site's project. Project staff and key project partners in both demonstration sites participated in annual key informant interviews in person and by phone. Potential interview participants were contacted via email and asked to provide their availability to participate in an in-person interview during an annual site visit to each grantee. Interviews were scheduled at each participant's convenience, and additional outreach was conducted to confirm interview times and provide reminders. Phone interviews were scheduled with participants who were unavailable during the annual site visits. Interview protocols were semi-structured in nature and adapted from another evaluation of a similar national demonstration project. The purpose of the annual interviews was to examine stakeholder perceptions of the project, levels of collaboration, helpful facilitators of the project's success, strengths and challenges, lessons learned, and goals for the future. Interviews were audio recorded, if the interviewee consented, and transcribed. Interview data were analyzed to identify themes, including stakeholder engagement, collaboration, project goals, successes, challenges, and lessons learned.

Key staff from national partner organizations, including OVC and the National Council of Juvenile and Family Court Judges (NCJFCJ) also participated in interviews. OVC staff participated in interviews in 2015–2016 to document the development of the solicitation, background about the conceptualization of the project, and expectations for the implementation phase. NCJFCJ participated in interviews in 2016–2017 to document TTA processes, working relationships, and perceptions of the sites. Interviews were audio recorded, if participants consented, transcribed, and analyzed using thematic analysis.

Observations

Participant and program observations were collected during various project activities (e.g., monthly conference calls, site visits, all-sites meetings). Observations (1) documented the processes of planning and implementation undertaken by each site as they occurred; (2) documented the individuals involved in the demonstration project; and (3) described communication, tone, and interactions among those involved in the project. Evaluation team members passively observed and took notes about project activities, communication, decision-making, and partner interactions and engagement. Observation notes were analyzed using an a priori, deductive coding approach to identify planning milestones (project activities and decisions related to planning), implementation milestones (project activities and decisions related to implementation), external influences, and adaptations to the project design or timeline. This information documented each site's accomplishment of activities and provided context about successes and challenges.

Document Review

Project-related documents—including progress reports and performance measures, marketing or branding materials, publications (e.g., newsletters, reports), memorandums of understanding (M OUs), screening tools, training materials, and other relevant documents—were collected throughout the demonstration project. Documents generated objective data regarding project progress, specific planning and implementation milestones, and external influences. Evaluation team members conducted

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

document reviews using an a priori, deductive approach to identify project milestones, external influences, and adaptations. This information, in conjunction with observations, documented each site's accomplishment of activities and provide context about successes and challenges.

QUANTITATIVE DATA SOURCES

Quantitative data were collected through several surveys disseminated to different audiences. Two surveys—the Network Partner Survey and the Training and Technical Assistance (TTA) Feedback Survey—were disseminated to project staff and stakeholders at multiple points during the project. The other two surveys—the Service Provider Survey and the Youth Victim Survey—were administered to service providers and youth victims of crime and their families in pilot areas prior to the beginning of each site's pilot testing. A description of each data source follows, including the collection approach, structure of the instrument, and administration procedures.

Network Partner Survey

The purpose of the Network Partner Survey was to document the partners involved in the project, explore various network dynamics, and measure service integration in the stakeholder group network. The survey items were adapted from another evaluation of a similar national demonstration project. The types of organization and language (e.g., child victims) were tailored to fit the scope of the project. The overall purpose of the survey was to assess partners' involvement in the project, partners' perceptions of the project, changes in partnerships over time, and information sharing among project partners. The survey also measured service coordination activities, such as sharing tools and jointly providing programs or services, among partners. This information was utilized to gain insight into how the project operates in practice and how the partnerships among organizations in the stakeholder groups operate.

The survey was administered annually via an online survey during the three years of the project to all partners at both sites. A sampling frame was constructed from a list of project partners provided by the grantee organization. Outreach emails with online survey links were sent to each project partner, and email and phone follow-up was conducted, as needed, to encourage a 100-percent response rate.

Training and Technical Assistance Feedback Survey

The TTA Feedback Survey was conducted to provide information about the content and scope of the TTA provided by NCJFCJ. The online survey was administered quarterly to all project staff who received TTA during the previous quarter. NCJFCJ provided a list of all TTA and associated recipients, and invitation emails with survey links were sent to all eligible participants. Information from the list of TTA recipients was also used to inform the number of TTA instances and the hours of TTA received. Reminder emails were sent out periodically to encourage completion. The survey questions encompassed various aspects of TTA, including dosage and type of TTA, ratings of the quality and helpfulness of the TTA, and activities that resulted from the TTA. The feedback from the survey was used to identify and document the role that resources provided by NCJFCJ played in the planning and implementation processes.

Service Provider Survey

The Service Provider Survey was used to understand coordination and collaboration among service providers pre- and post-implementation. The survey was disseminated pre-implementation; however, due to the shift in the evaluation design, the post-implementation survey was not disseminated. The sampling frame was developed by compiling a list of providers who offer direct services to youth victims and their families in the pilot areas.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The sampling frame of eligible direct service providers in a geographic area was created using lists provided by site contacts; local-, state-, and national-level resources, guides, and websites; and internet searches. A point of contact (POC) at each organization was identified, and the electronic survey was sent to the POC's email address at all identified organizations. The initial launch email asked the POC to forward the email and survey link to all direct service providers in their organization. Reminder emails were sent periodically to gather information on the number of direct service providers who received the email and to remind the organizations about completing the survey. An organization-level incentive was provided to organizations with at least one completed survey.

The survey items were adapted from an instrument for an evaluation of a similar national demonstration project and finalized with support from an advisory committee that ICF consulted, which included frontline service providers, experts in child welfare, and experts in research and evaluation. The purpose of the survey was to provide data on the types of services provided and the perceptions of service coordination among providers and systems in the pilot areas. Originally, the pre- and post-implementation data were designed to assess the differences in service delivery and collaboration among service providers and systems due to the demonstration project. The pre-implementation data available provided a snapshot of the perceptions of direct service providers on the availability of services for youth victims and families in the pilot areas to inform the context of existing services and collaboration at each site. The survey questions covered a range of topics, including the background of the organization, the types of services provided, use of a screening instrument, collaboration within and across systems, and suggested improvements.

Youth Victim Survey

The Youth Victim Survey was developed to understand the experiences of child and youth victims and their caregivers pre- and post-implementation. The survey was disseminated pre-implementation; however, due to the shift in the evaluation's timeline, the post-implementation survey was not disseminated. The survey contained items adapted from a similar instrument for an evaluation of a national demonstration project and finalized with support from an advisory committee that ICF consulted, which included frontline service providers, experts in child welfare, and experts in research and evaluation. The tool was examined for trauma-informed language and shared with the sites prior to implementation to ensure they were comfortable with the questions being asked and the level of burden for those who would be responding. The instrument was revised based on feedback from the advisory committee and the sites. The survey questions covered a range of topics, including experiences with victimization, types of services needed and received, and recommendations for future improved service provision. Descriptive statistics were used to analyze the data.

For the pre-implementation survey, the organizations that partnered with grantees on the pilot implementation activities administered the survey online or in paper form to all child and youth victims of crime (or their caregivers). The survey was often in the field for six to nine months, prior to the participating organizations pilot testing of the screening tool. This timing was intended to ensure a clean baseline assessment of youth and caregiver experiences. The purpose of the survey was to measure youth and caregiver experiences with service delivery and the referral process in pilot areas. Any youth who is a direct victim of a crime (i.e., did not observe a crime or hear about someone else's crime experience, but personally experienced victimization) was eligible to

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

participate. However, only youth age 15 or older responded to the survey personally; youth age 14 or younger were asked to have a parent or guardian respond on their behalf. ICF held kickoff calls with participating organizations to learn about their intake processes and determine a tailored administration plan for distributing the survey at their organization. Organizations had the option to decline distributing the survey if their intake processes were not conducive to survey administration (e.g., lack of staff to support survey administration, lack of a safe space for youth to respond to the survey). Staff at participating organizations distributed the eligibility screening form, survey, return envelope, and resource guide. The survey was to be completed individually in a waiting room or private space. An incentive was provided to participants who completed the survey. Survey administrators from participating organizations returned all completed surveys and unused materials at the end of the survey period.

Originally, this pre- and post-implementation design was intended to assess the differences in how victims perceive service delivery and referrals due to the demonstration project. However, a change in the evaluation design occurred in fall 2018 and the post-implementation data was not collected. The pre-implementation data available provided a snapshot of the perceptions of youth victims and their caregivers on the availability of services in the pilot areas to inform the context of existing satisfaction with services at each site.

Measures

STAKEHOLDER ENGAGEMENT

Stakeholder engagement was measured using the Network Partner Survey, and represented a critical aspect of linking systems of care because the project involved bringing together staff from various agencies to work collaboratively. The Network Partner Survey was analyzed to better understand stakeholder group members' reported involvement and perceptions of project partnerships over time. Stakeholder engagement is discussed here through perceptions of commitment, formal decision-making processes, cohesion, and level of involvement, which are represented by individual items on the survey. Two separate items depicted stakeholder perceptions of commitment during the planning phase. Participants rated their level of commitment to working together for child victims and for a system of care using a 5-point Likert-type scale ranging from "strongly disagree" to "strongly agree." One item is presented to depict stakeholder perceptions of formal decision-making during the planning phase. Participants responded with "yes," "no," or "don't know." Stakeholder involvement is represented by one item that assessed each stakeholder group member's self-identified level of involvement using a 5-point Likert-type scale ranging from "not at all involved" to "extensive involvement." Four separate items depicted stakeholder group members' perceptions of partnerships, including whether they felt valued and important, leadership considered their recommendations, they perceived a shared vision, and they felt a cohesiveness among the group. Participants reported their level of agreement for each of these items, ranging from "strongly disagree" to "strongly agree."

SATISFACTION WITH TTA

Individual items were used to demonstrate participants' perceptions of satisfaction with the TTA provided, including whether the TTA provider was respectful, effectively responded to questions, presented information clearly and logically, and demonstrated comprehensive expertise and knowledge of the subjects. Participants reported their level of agreement for each of these items using a 5-point Likert-type scale, ranging from "strongly disagree" to "strongly agree."

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

TYPES OF CHILD-SERVING ORGANIZATIONS IN PILOT SITES

One item from the Service Provider Survey documented the type of child-serving organizations in each pilot area. Participants selected the one category that best described their organization's type from a provided list of relevant child-serving organizations, such as behavioral/mental health, child welfare, and education/schools.

USE OF SCREENING IN PILOT SITES

One item from the Service Provider Survey documented the use of screening procedures across participating organizations. Participants selected the statement that best described their organization; options included that the organization "does not actively screen," "sometimes screens children/youth," "routinely screens children/youth," and "uses universal screening to routinely screen all children/youth." Participants who selected options indicating that their organization conducts any screening (i.e., "sometimes," "routinely," and "uses universal screening") were coded as using screening procedures.

REPORTED TYPES OF VICTIMIZATION

One item from the Youth Victim Survey was used to illustrate the number of youth who reported experiencing multiple types of victimization. Youth and caregivers selected the types of victimization experiences they have had during their lifetimes. Participants selected all experiences that applied, and participants who selected more than one type of victimization were coded as experiencing "multiple types."

YOUTH VISITING MULTIPLE ORGANIZATIONS

One item from the Youth Victim Survey documented the number of youth who reported visiting multiple organizations to seek help for the victimization reported on the survey. Youth and caregivers self-reported the number of other organizations they visited, not including the organization they are currently visiting. Participants who reported visiting more than one other organization were coded as visiting "multiple organizations."

Analytic Strategy

Qualitative data—including observations, document reviews, and key informant interviews—were used to identify the processes that each site selected to link systems of care and describe the results and consequences of these approaches and decisions. These data were collected at multiple points and informed project progress and change over time. These data were analyzed using a thematic analysis approach to identify themes related to project progress and milestones, challenges, and lessons learned. Key informant interviews were analyzed using a data-driven approach to identify themes related to the roles and expectations of partners, communication and engagement among partners, project plan and design, barriers and challenges, and lessons learned. Documents and observation notes were analyzed to identify a priori themes related to planning milestones (i.e., project activities and decisions related to planning), implementation milestones (i.e., project activities and decisions related to implementation), external influences, and adaptations to the project design or timeline.

Quantitative data collected from surveys—including the Network Partner Survey, TTA Feedback Survey, Service Provider Survey, and Youth Victim Survey—are used to measure the experiences of stakeholder group members and project staff during the project, as well as the experiences of service providers and youth victims in the pilot areas. Quantitative survey data were analyzed using descriptive statistics, including frequency analyses and mean comparisons, in IBM SPSS 22. Specifically, items from the Network Partner Survey were analyzed

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

using frequency analyses and mean comparisons. Frequency analyses were conducted to categorize stakeholder involvement over the three years of Network Partner Survey data collection. Frequencies are presented by each site for the planning and implementation phases of the project. M eans for the Network Partner Survey were presented to illustrate stakeholder engagement across sites and at different points in the project. Items from the TTA Feedback Survey were analyzed using mean comparisons that are presented across phases of the project (i.e., planning versus implementation) to illustrate the scope of the TTA provided to the sites. Items from the Service Provider Survey and Youth Victim Survey were analyzed using frequency analyses and are presented to illustrate use of screening among different types of service providers, the scope of victimization experienced by youth and their caregivers, and the number of organizations youth and caregivers visited to seek services related to victimization. The following section presents a brief introduction to the first cohort of demonstration sites and outlines what the sites proposed to accomplish during the demonstration project.

Background on Montana and Virginia LSC Demonstration Sites

In 2014, OVC funded two organizations, one in Montana and one in Virginia, to develop and implement an individualized, coordinated approach to linking systems of care for youth victims of crime and their families. Led by lead grantee organizations—the Montana Board of Crime Control (M BCC) and the Virginia Department of Social Services (VDSS)—the sites proposed similar goals and objectives, including developing stakeholder groups, conducting needs assessment activities, and developing and implementing their approaches for linking systems of care. Both sites created and updated logic models during the project to help guide their activities. (See Chapter 3: Evaluability Assessment for further discussion of the sites' logic models.)These logic models generally followed a template provided by OVC and included similar activities, outputs, and outcomes. For example, activities included development of a screening tool, training manual, and policy review, as outlined in the original solicitation. Outputs included number of completed trainings, number of materials created, and number of screenings completed. Outcomes included increases in knowledge, number of screenings, and in coordination and collaboration. Both sites also engaged partners and subject matter experts to advise on development and implementation of the project, including partners from existing linking systems of care efforts in their state. Each site and what each site proposed are described below.

MONTANA DEMONSTRATION SITE

Montana comprises approximately 150,000 square miles, with a population of just more than 1 million people. According to the state's Statistical Analysis Center, each year there are, on average, 2,000 victims of crime under age 18. Montana is mostly rural, with towns spread across sparsely populated areas. Most of the population lives in the western portion of the state, where the larger cities (and therefore most of the resources) are located. The geography of the state also affects access to resources because about 80 percent of the crime victim service providers are in the western portion of Montana. It is therefore more difficult for people in the more rural, eastern portion of the state to access services, with some communities located up to 500 miles from the nearest service provider. To demonstrate the stark difference, the number of services available in the pilot areas that participated in the Service Provider Survey varied from as few as two in the more frontier counties, to up to 70 in the more urban counties. Even where services are more readily available, there are also concerns that youth and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

their families may need to visit multiple service providers to access the services they need. According to findings from the Youth Victim Survey, 52 percent of the respondents visited multiple organizations to get help for their victimization.

Service discrepancies are even more notable among the Native American population. In Montana, 6.7 percent of the population identifies as Native American, with eight tribes located on seven reservations in the state. Native Americans face victimization rates that are more than twice the national average; however, tribes receive less than 1 percent of the Crime Victims Fund (Greenfeld & Smith, 1999; U.S. Department of the Interior, Bureau of Indian Affairs, n.d.). Because of their sovereign nation status, reservations have their own judicial systems and law enforcement that operate independently of local and state government systems. For the Montana site, this means that to have a statewide system of care for child and youth victims, they must consider both the state's and the reservations' laws and regulations. Often there can be confusion over the appropriate jurisdictional authority among tribal police, local and state law enforcement, and the FBI. This can cause delays in the identification of Native American crime victims, which negatively affects their timely access to services. Due to the number of tribes located in Montana and the unknown prevalence of victimization among those tribes, Montana included tribal and nontribal communities in its planning and implementation stages.

To partner on this initiative, the Montana site attempted to leverage an existing network of stakeholders that are members of the state-level Children's System of Care Planning Committee. Fourteen organizations, primarily state agencies, form the Stakeholder Group, which was later expanded and renamed the Linking Systems of Care for Children and Youth in Montana Advisory Group, its name at the time of this report. The group includes representatives from state, local, and tribal organizations, and provides expertise, contacts, and assistance with community outreach throughout the project. M BCC hired a program manager and contracted a project coordinator to serve as project staff, with support from a grant manager who handled administrative and financial tasks. The program manager serves as the main POC and is responsible for coordinating and overseeing the day-to-day activities of the project, including communication with Advisory Group members. The project coordinator is the main POC for the tribal communities and handles the coordination of all tribal activities. The University of Montana Criminology Research Group (CRG) was contracted to conduct research and evaluation activities in conjunction with the grantee agency. CRG played a key role in planning and implementing the project as it spearheaded the research that informed the foundation of the needs assessment and participated as an Advisory Group member. Exhibit 6 depicts the Montana site's stakeholders.

EXHIBIT 6. MONTANA STAKEHOLDERS

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Overview of Proposed Activities

The Montana site approached the project with the goal of providing child and youth victims and their families with all the necessary resources to address their needs. To accomplish this goal, the site proposed the following four key activities:

1. Establish a network of stakeholders and maintain the network through a combination of remote participation in monthly meetings, email or phone conversations, attendance at one annual in-person meeting, and involvement in workgroups. The site also proposed building more partnerships through pilot efforts, community outreach activities, and collaboration on similar projects.
2. Conduct a gap analysis/needs assessment to identify gaps in the services provided for youth victims and their families through a survey, an evaluation of screening tools used across the state, listening sessions in select communities, and administrative data analysis. The site proposed conducting 21 family interviews and developing a survey to assess their experiences with service providers across the state. The site also proposed a feasibility study with the goal of reviewing the existing policies and procedures in the state.
3. Develop a strategy based on the findings of the needs assessment activities, to include the development of a new, state-specific, systematic method of screening for victimization; development of protocols and procedures for appropriate service delivery to children and their families; and the delivery of staff training. For the purposes of this project, the site included children and youth ages 0–17. The site also proposed the creation of a working document to describe the strategies and methods used throughout the project.
4. Following completion of the planning phase, implement the strategy through four sub-phases. The first sub- phase, Assessment/ Diagnosis, involves an assessment of planning phase activities and focuses on collecting data through interviews with families of children who have sought services for victimization. The next sub-phase, Training and Implementation, involves implementing training and implementation activities related to the use of the screening tool statewide using a grassroots, community-based approach and pilot site representatives as trainers for new communities. The third sub-phase, Evaluation, involves an evaluation of the training and implementation activities. Information gathered from the screening tool pilots during the second and third sub-phases would be used to update and finalize Montana's strategy. Finally, the fourth sub-phase, Monitoring, involves monitoring the training throughout the state. The site proposed developing evaluation procedures to collect information on the screening tool and track the referral process.

> "The goal of this project is to improve the responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and the full range of victim needs."
>
> *– Montana Board of Crime Control program*

Montana Implementation Activities

SUB-PHASE 1: ASSESSMENT/DIAGNOSIS

SUB-PHASE 2: TRAINING AND IMPLEMENTATION

SUB-PHASE 3: EVALUATION

SUB-PHASE 4: MONITORING

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

VIRGINIA DEMONSTRATION SITE

Virginia is diverse, comprising large cities and suburbs, including the suburbs of Washington, D.C., naval bases along the coast, and more rural mountainous communities. Virginia has a population of about 8 million, and in 2017, there were 5,441 victims of violent crime under the age of 18 (Virginia State Police, 2017). As a commonwealth, Virginia's governance is organized so that state agencies provide guidance to localities, but each of the 119 localities retains jurisdiction over how they implement guidance from the state. This, in turn, leads to service delivery decisions being made at the local level. In addition, the availability of services differs greatly across the regions of the state, and victims must visit multiple service providers to get the help they need. According to the findings from the Service Provider Survey, 57 services are available for youth crime victims in rural Washington County, and 119 services are available in the Charlottesville/Albemarle suburban area. The findings from the Youth Victim Survey across three pilot communities in Virginia show that 56 percent of the respondents visited multiple organizations to get help for their victimization.

Furthermore, Virginia has a rich history of networks and collaborative initiatives. Examples include, but are not limited to, the System of Care Expansion Implementation Grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Project Connect funded by Futures Without Violence and the U.S. Office on Women's Health. These collaborative initiatives bring together local, state, and national organizations to work toward improved services for underserved populations. The site built on these collaborations to develop the Partner Agency Team (PAT), which would serve as a decision-making body for the project and provide feedback and vote on the acceptance of all materials developed for the project. The site brought together 13 system representatives from state government agencies to form PAT. VDSS has experience administering grants, such as the Victims of Crime Act (VOCA) grants to subgrantees that work directly with victims of crime. The site is staffed by a full-time project manager at VDSS and three contracted staff positions, one at each of the following organizations: the Virginia Department of Criminal Justice Services (DCJS), the Virginia Department of Behavioral Health and Developmental Services (DBHDS), and the Department of Education (DOE). The three contract positions moved to VDSS over the course of the project and assisted with different components, such as training, policy and research.

Originally, the site intended to contract a fourth position at the Virginia Department of Juvenile Justice; however, this position was not filled. The site also contracted researchers from Virginia Commonwealth University (VCU) to provide research expertise focused on the validation of the screening tool, which the site developed. The VCU researchers joined the project at the end of the planning phase and thus did not participate in planning phase activities (e.g., the needs assessment). Finally, the site created four key committees that worked on the materials for the project during the planning phase and were led by the project staff: the Policy and Analysis Committee, Training Committee, Screening Committee, and Cross-Systems Mapping Committee. During the implementation phase, the working committees were the Training Committee, the Policy Committee, and the newly formed Response and Referral Committee. Exhibit 7 depicts the Virginia site's stakeholders.

Overview of Proposed Activities

The Virginia site approached the project with the goal of improving outcomes for children and youth through a screening tool that identifies victims and leads to providing trauma-informed, evidence-based services to those

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 7. VIRGINIA STAKEHOLDERS

victims. When applying for this award, the site identified the following concerns in the state: the siloed nature of the systems involved in child and youth care, the lack of adoption of best practices, and a narrow view of success that only focused on the fulfillment of one need. These issues led to a lack of holistic wraparound services to address a victim's full range of needs. To address these concerns, the site proposed the following activities:

- Develop the collaborative, multidisciplinary PAT, which includes a variety of state organizations that work directly with children and youth. The team would meet monthly to discuss and implement the project.
- Conduct a gap analysis/needs assessment by reviewing agency policies through an organization assessment, surveying stakeholders on service delivery, conducting cross-systems mapping to identify how each system intersects with children and youth and available regional resources, and reviewing existing screening tools and practices with the goal of developing a standardized screening tool.
- Develop a strategy that includes new state-specific, universal screening tool, training, and resource guides. Service providers and first responders would use this screening tool to identify victimization among children and youth across the state. For the purposes of this project, the site included children and youth ages 0–21. The site also proposed piloting the screening tool in two communities.
- Implement the strategy in two pilot areas to learn more about how the tool works in the field and collect data to validate the tool. Each pilot area would be assigned a site lead from the project staff, responsible for training and providing ongoing technical assistance to the screening organizations, conducting resource mapping, collecting data, and conducting focus groups following the close of the pilot phase.

> "The overarching goal of this project is to improve outcomes for children and youth, which will be accomplished by developing a uniform process of identifying child and youth victims and offering them a response that is consistent, trauma- informed, and grounded in evidence."
>
> *– VDSS, Vision 21: LSC Demonstration Project Narrative*

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Findings

During the planning phase, the sites assembled groups of key stakeholders and collected information from system stakeholders and service providers to understand how child-serving systems function in their states. Through these activities, the sites developed key partnerships and identified several findings that informed or supported their project work. During the implementation phase, the sites maintained existing relationships with key stakeholders at the state and local levels and built new partnerships to support their work. The sites developed their approaches to linking systems of care, which included three key components: (1) state-specific screening tools, (2) resource and referral guides, and (3) training materials. They also chose to test their approaches in pilot areas first, and are now preparing to implement them statewide and developing plans for sustainability. Activities, accomplishments, and challenges are discussed below.

Activities During the Planning Phase

During the planning phase, the sites were tasked with developing a stakeholder group and conducting needs assessment activities. They assembled key local- and state-level stakeholders and made strategic decisions to ensure continued stakeholder engagement. The sites also conducted needs assessment activities to understand the functioning and collaboration among the systems and service providers in their state that may serve child and youth victims.

ACCOMPLISHMENT OF OBJECTIVES FOR LINKING SYSTEMS OF CARE

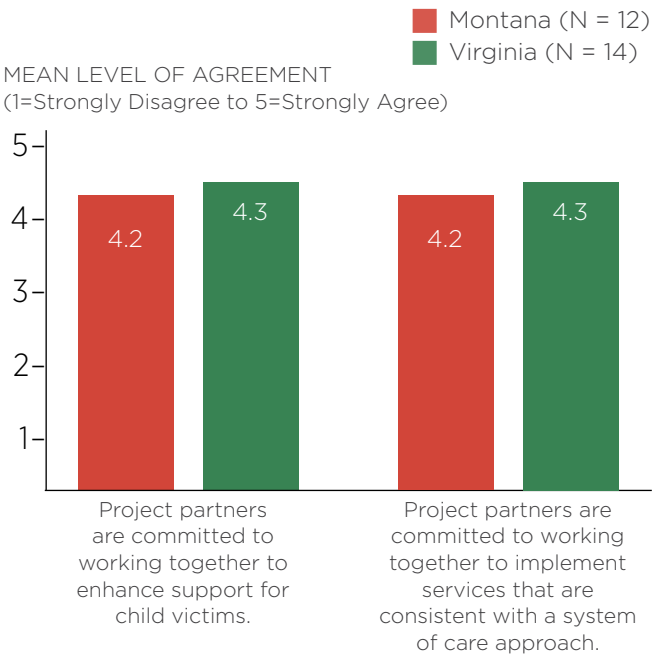
Both sites accomplished their objectives to establish a network of stakeholders and conduct needs assessment activities (see Exhibit 8). The Montana site leveraged the expertise of a broad range of interested stakeholders and learned about needs and service gaps that exist across the state to determine how its work might improve access to services. The Virginia site engaged key state-level decision-makers and focused on learning about what products and resources state- and local-level stakeholders need to improve service coordination.

EXHIBIT 8. PLANNING PHASE ACCOMPLISHMENTS BY SITE

	MONTANA ACCOMPLISHMENTS	VIRGINIA ACCOMPLISHMENTS
Objective 1: Establish and Maintain a Network of Stakeholders	▪ Assembled a group of stakeholders—the Stakeholder Group—by building on the existing state-level group and recruiting representatives from local organizations.	▪ Created a new group of stakeholders—the Partner Agency Team—by recruiting representatives from a variety of state agencies. ▪ Developed a communications package and Linking Systems of Care website.
Objective 2: Conduct a Needs Assessment	▪ Conducted a literature search and created an annotated bibliography on screening and assessment tools. ▪ Completed 13 listening sessions in nontribal communities across Montana. ▪ Completed focus groups in six tribal communities across the state. ▪ Disseminated a Service Provider Needs Assessment Survey to providers across the state. ▪ Conducted family interviews.	▪ Conducted five regional cross- system mapping events with groups of diverse stakeholders. ▪ Completed an organizational readiness assessment with state agencies. ▪ Disseminated a stakeholder survey with frontline service providers.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 9. STAKEHOLDERS' PERCEPTIONS OF COMMITMENT BY SITE, 2016



STAKEHOLDER INVOLVEMENT

The first objective of the planning phase was to establish a network of stakeholders from multiple systems who would collaborate to develop and implement the sites' strategies. Sites were expected to engage relevant stakeholders who would participate in the planning process and provide their expertise and guidance during the needs assessment. Each site compiled stakeholder groups consisting of representatives from relevant child-serving systems, including state government, child welfare, health services, juvenile justice, and education entities, among others. The Montana site acknowledged that the size of the state presented challenges and adapted by hosting online meetings and limiting travel to once per year. The Montana site also leveraged a group of state-level stakeholders already engaged in similar work, while the Virginia site recognized the need to create a new, formal group of state-level decision-makers. Both approaches appear to have been successful during the planning phase (see Exhibit 9).

Montana: The Montana site created the Stakeholder Group, which included representatives from state- and local-level agencies, by building on an existing state-level committee. The site invited other relevant state and local agencies to participate, including representatives from the education, legal, mental health, and juvenile justice systems. Early in the project, the group recognized the importance of making the most of its time, because members were involved in several additional projects and initiatives. They took proactive steps to address potential challenges associated with engaging stakeholders across a large geographic area, including by limiting the number of in-person meetings and using conference call and web meeting technology. The site coordinated two in-person stakeholder meetings during this phase, and periodically sent out emails and project newsletters to keep members updated.

> "The communication's been pretty good. There have been emails, newsletters, invitations to call with questions at any time."
>
> *-Montana Stakeholder Group Members, 2016*

In the 2016 Network Partner Survey, 50 percent of the Stakeholder Group reported being moderately involved in the project, 33 percent reported a little involvement, 17 percent reported extensive involvement, and no one reported significant involvement (see Exhibit 10). These findings align with the types of engagement described during stakeholder interviews. Some Stakeholder Group members reported having minimal interaction with project staff and other members during the planning phase. For example, one member described their involvement as "very, very minimal" and explained that the group did not meet regularly. During the planning phase, the project staff carried the weight of the needs assessment activities, while the Stakeholder Group provided feedback

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 10. MONTANA STAKEHOLDER INVOLVEMENT (N = 12), 2016

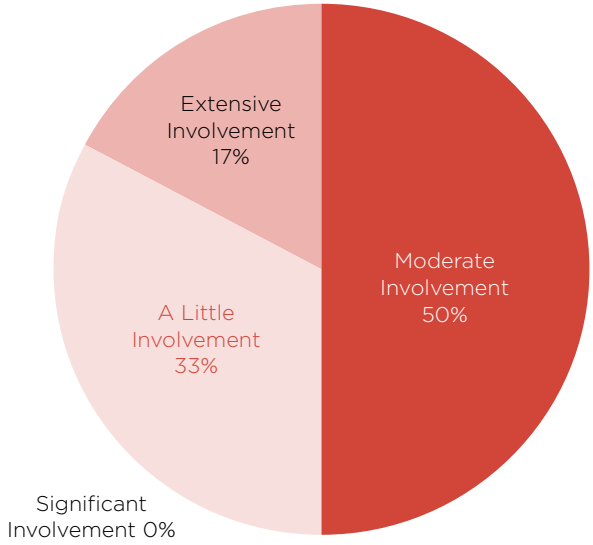
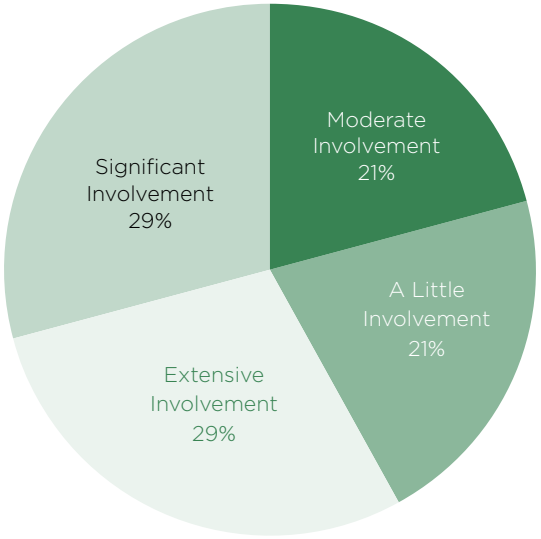


EXHIBIT 11. VIRGINIA STAKEHOLDER INVOLVEMENT (N = 14), 2016



and guidance. On an as-needed basis, the staff sought advice and expertise from the Stakeholder Group through informal email and phone conversations. The 2016 Network Partner Survey findings noted this unstructured approach. A clear majority (92 percent) of the respondents did not know whether there was a formal process for decision-making, and 8 percent indicated that there was no formal process.

Virginia: The Virginia site recruited PAT members during the proposal stage from different state-level agencies and obtained their commitment to participate in the project. Due to the nature of the project, only key decision-making partners were included in the PAT. As observed during the monthly site calls, the site purposefully engaged key state-level decision-makers who could provide state-level support that fostered local-level support. PAT members received a communications package that shared tips on how to discuss the project with their agency directors, and PAT meetings were held every other month. To keep relevant parties updated, project staff disseminated monthly newsletters to more than 400 people throughout the project and developed a website to share information with PAT members, state and local stakeholders, and the public. The site also created topical subcommittees that provided stakeholders, including direct service providers, with an opportunity to play an active role in the site's planning activities, such as developing the screening tool and conducting needs assessment activities.

As shown in Exhibit 11, stakeholders at the Virginia site reported varied levels of engagement during the planning phase in the 2016 Network Partner Survey (21 percent to 29 percent in each category). During the interviews, project staff explained that they tried many strategies to engage stakeholders, including by creating a communications package, bringing in a meeting planning expert from NCJFCJ to better facilitate PAT meetings, and having project staff from four distinct agencies. As a result, 58 percent of the stakeholders reported significant or extensive levels of engagement during the planning phase. The site developed

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

structured processes for decision-making during this phase, including requiring all PAT members to vote to approve all project materials. These processes are reflected in the findings from the 2016 Network Partner Survey. More than three-quarters (79 percent) of PAT members were aware of a formal process for decision-making, compared to 7 percent who were not aware of a formal process, and 14 percent who were unsure.

Influence of Stakeholders on Decision-Making

Differences in prior staff experience, as well as differences in the role and structure of the stakeholder groups, affected the sites' decision-making, approaches, and collaboration during the planning phase.

> "This isn't a law enforcement or victim services project; this isn't a behavioral health project; this isn't a child welfare project. It's kind of across the board."
>
> *– Virginia Site Project Staff, 2016*

- **Differences in the professional background of project staff.** The background of the project staff heavily influenced decision-making during the planning phase. As documented in the original grant proposal and during interviews, the Montana site's core project team included several researchers from CRG, while the Virginia site's project staff were all service providers. The activities conducted by each site reflected the professional backgrounds of its project staff.

  During the interviews, members of the Montana team described how Criminology Research Group (CRG) members worked with the grantee to develop the original proposal, which included the needs assessment activities. These CRG members were considered core team members and participated in many of the planning activities. The Montana site team included mostly researchers who focused on research activities during their initial planning phase and asked for additional time to conduct further needs assessment activities. The site's focus was on learning about the needs of victims in order to tailor its efforts.

  In comparison, the Virginia site's project staff included representatives from four key child-serving state agencies, as reported during interviews. These staff brought valuable system knowledge and experience to the project, but lacked research expertise. The Virginia project staff consisted mostly of service providers who focused on activities to engage the field, including cross-systems mapping. These activities brought together stakeholders from multiple backgrounds to learn from each other. The staff focused on learning more about these gaps in linked systems and tried to bring stakeholders to the table to collaborate.

- **Differences in the role of the stakeholder groups.** As observed during the monthly site calls and described during the interviews, the Montana site's project staff heavily influenced the decision-making and sought input from Stakeholder Group members, as needed. This decision-making structure allowed the project staff to focus their attention on getting buy-in from local and tribal communities. In contrast, the Virginia site's project staff established formal agreements with each PAT member and submitted all materials to the PAT for voting. This process required collaboration among multiple systems, because cross-system agreement was necessary for the site to move forward.

  This difference may help to explain why the Montana site later restructured its Stakeholder Group to include more local and tribal representation. The site recognized the need to involve those more directly impacted by its work. By comparison, the Virginia site recognized the need for state-level support and intentionally developed the PAT as a state-level decision-making body.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Needs Assessment

The second objective of the planning phase was to conduct a needs assessment. Each site developed and conducted several information-gathering activities for its needs assessment, including reviews of a literature search and policies, focus groups or listening sessions, and surveys. The sites completed these activities to learn how organizations were serving child victims in their states, identify gaps in services, and understand whether service providers and systems are collaborating. Both sites used data from these activities to inform the development of their approaches to linking systems of care.

Montana: To meet this objective, the project staff, led by researchers from CRG, collected data through a literature search and annotated bibliography, listening sessions, tribal focus groups, a Service Provider Needs Assessment Survey, and family interviews (see Exhibit 12). These activities produced data on the availability of services, as well as service providers' experiences when providing services and collaborating with one another.

- **Literature Search:** The site conducted a literature search on systems of care, assessing trauma, and risk factors. Findings from the literature search are presented in an annotated bibliography, which was submitted as a project deliverable. In conjunction with recommendations from Stakeholder Group members, the literature search informed the topics included in the listening sessions.
- **Listening Sessions:** The site conducted listening sessions to understand what is and is not working well regarding service delivery and collaboration among service providers.

EXHIBIT 12. NEEDS ASSESSMENT ACTIVITIES IN MONTANA

MONTANA					
	LITERATURE SEARCH AND ANNOTATED BIBLIOGRAPHY	LISTENING SESSIONS	TRIBAL FOCUS GROUPS	SERVICE PROVIDER NEEDS ASSESSMENT SURVEY	FAMILY INTERVIEWS
Purpose	Gather research on systems of care, evidence-based practices for screening for trauma, and risk factors to guide listening session topics.	Understand the successes and challenges of the current service delivery system.	Understand the successes and challenges of the current service delivery system in tribal communities.	Document participants' experiences providing services to youth and families.	Understand the perspectives of children and families who visited service providers.
Method	Review literature related to various topics.	Hold listening sessions in 13 non-tribal communities across Montana.	Hold focus groups in six tribal communities.	Give service providers across the state a 7-part electronic survey.	Recruit families from communities across the state to participate in in-person interviews.
Sample		Service providers from various fields	Service providers from various fields	480 responses	Ongoing to date

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

During 2015, the program manager completed listening sessions with service providers in 13 communities across Montana that represent communities across the state. As described in stakeholder interviews and progress reports, CRG used findings from the nontribal listening sessions to develop a statewide Service Provider Needs Assessment Survey. These findings documented the various screening tools used by organizations across the state and highlighted the lack of consensus regarding which tools could be used across systems. Listening session participants described using specific tools that met the needs of their agencies but acknowledged the limitations of these tools (e.g., length of assessments or overuse of assessments).

- **Service Provider Needs Assessment Survey:** The site disseminated this survey to document participants' experiences when providing services to youth and families. CRG developed and disseminated the electronic survey in summer 2016 to service providers across the state. As reported in progress reports, the site sought feedback from Stakeholder Group members and solicited assistance recruiting participants for the survey. The original plan was to launch the survey for both tribal and nontribal providers, but due to delays with data collection efforts in tribal communities, the tribal survey was not launched. The nontribal needs assessment findings and recommendations highlighted the need for community- and county-specific resource guides and the potential for a screening or assessment instrument to assist service providers in detecting trauma and victimization among youth. Specifically, findings from the needs assessment survey documented the importance of collaboration and communication among providers and illustrated support for the creation of a screening tool.
- **Tribal Focus Groups:** As described in the progress reports, the data collection process for these focus groups was more complex than anticipated. The team devoted a significant amount of time to traveling and building relationships with tribal contacts. The project coordinator needed to identify contacts, obtain Tribal Council and Tribal Institutional Review Board (IRB) approval, and gain community buy-in before proceeding with any work in each tribal community. As a result, the project coordinator completed six focus groups during spring and summer 2016, while the nontribal aspect of the project had already begun preparing for implementation. In addition, the site needed to adapt its data collection and analysis approach to be more culturally sensitive by working with research assistants from tribal colleges and sharing the findings with each community. These adaptations helped overcome challenges with gaining buy-in and recruiting participants. Findings from the Tribal Focus Groups Report supported a need for a standard screening tool and emphasized the importance of culture and traditions when providing resources. For example, resources such as personal relationships and traditional knowledge and practices were important to tribal focus group participants.

> "I'm going to say, if you're working with tribes, go early. You need to have that support before you submit the grant and say, 'I want to include all the tribes,' when they don't even know they're included. I mean, that is just so critical. That's just respect. People will say, 'Well, I didn't have enough time,' or they didn't respond to email. You've got to find a different way to do it. And I think you have to respect that they're a sovereign nation, and so I think figuring out how to do that early is really, really important."
>
> *– Montana Stakeholder Group Member, 2016*

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- **Family Interviews:** The site conducted family interviews to document the experiences of children and families who visited service providers. Originally the team attempted to recruit participants by requesting recommendations from service providers. However, they did not receive enough recommendations. The team therefore changed its strategy and began using recruitment posters to identify potential participants. As observed during the monthly site calls and reported in the progress reports, the site continued to experience challenges recruiting families to participate in interviews. As a result, this data collection effort is ongoing at the time of this report.

Virginia: The Virginia site achieved this objective by undertaking a policy review, conducting cross-system mapping events, and administering two surveys, one for providers and one for state agencies (see Exhibit 13). Project staff led these activities with support from the relevant subcommittees, but reported in later interviews that a research partner to support survey development and analysis would have been beneficial to ensure comprehensive data collection and analysis. The site's data collection strategy was designed to gather information and engage stakeholders at all levels of government (i.e., both state and local). This information was used to drive its strategy for product development during the implementation phase. As described in the site's needs assessment reports, findings from the information-gathering activities confirmed that creating a screening tool and training manual would improve cross-system coordination and informed the later decision to pilot these products prior to statewide implementation.

- **Policy Review:** The site developed a tool to identify trauma-informed practices and policies across state agencies and make recommendations about potential policy changes. Although the commonwealth

EXHIBIT 13. NEEDS ASSESSMENT ACTIVITIES IN VIRGINIA

VIRGINIA				
	POLICY REVIEW	CROSS-SYSTEM MAPPING EVENTS	CHILD/YOUTH CRIME VICTIM STAKEHOLDER SURVEY	ORGANIZATIONAL READINESS SURVEY
Purpose	Identify trauma-informed practices and policies in use across the state	Gather information on current screeners being used, resources needed for referrals, and the strengths and weaknesses of a statewide screening tool	Obtain information on the current screening and assessment practices for children and youth.	Identify policies and daily practices related to collaboration and capacity building in use at state agencies
Method	Developed a tool to review all state agency policies	Small-group discussion using a standardized agenda with 4 activities and an icebreaker	Disseminated an online survey to state government and nonprofit agencies	Disseminated an online survey to state government agencies
Sample		253 participants across 5 regional events	1,294 responses	359 responses

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

structure does not allow the state of Virginia to mandate how localities apply guidelines, the policy review was critical in the planning phase because it provided opportunities to have conversations with state agencies about their use of trauma-informed practices. Through these conversations, the site hoped to identify practices that agencies could include in their policies and recommend for implementation locally. During the implementation phase, selected policies from some PAT member state agencies were reviewed to determine whether trauma-informed best practices were incorporated across the selected policies and to identify recommendations for policy change to incorporate these best practices. As reported in the interviews, there was some initial pushback to using the tool to analyze state agencies' policies due to concerns that the agencies were being criticized or evaluated. The site addressed these concerns by removing the scoring element of the review tool, making participation in the policy analysis voluntary, and facilitating conversations with the state agencies regarding recommendations for future policy modifications (e.g., inclusion of more trauma-informed policies or practices).

- **Cross-System Mapping Events:** In 2015, system/resource-mapping events took place in five geographically diverse regions (Richmond, Chesapeake, Wytheville, Harrisonburg, and Fairfax). These events highlighted how services were delivered, where systems intersected, and what resources were available across the state. Specifically, the site learned about the local screening tools, resource professionals needed for referrals, and pros and cons of a statewide screening tool. Learning about the 58 existing screening tools, each screening for different types of victimization, supported the site's decision to create one universal screening tool that can identify multiple types of victimization. During the interviews, PAT members praised these events as a promising strategy for linking systems. The site convened a new committee—the Linking Systems of Care Resource Mapping Committee—to identify youth victim resources, gaps, and nontraditional resources. During the implementation phase, second rounds of resource-mapping events were held in four pilot areas, which led to the creation of resource lists and a Resource Mapping Facilitator's Guide to assist other localities in facilitating a similar event.
- **Child/Youth Crime Victim Stakeholder Survey:** The site administered this survey in 2015 to frontline service providers using snowball sampling to learn about current screening and assessment practices at the local level and assess client referrals, screening procedures, and collaboration among service providers. Through this survey, the site learned about screening and assessment tools used by agencies in the state and levels of referrals and collaboration to identify what needed to occur to enhance system coordination. As observed during the monthly site calls, the results from the survey were used to support the need for more system coordination through the development of a universal screening tool.
- **Organizational Readiness Survey:** The site disseminated this survey in early 2016 to identify policies and daily practices in state-level agencies that influenced the treatment of children, youth, and transitioning young adults. The survey was adapted from a similar trauma-informed organizational readiness assessment. As stated in the Organizational Readiness Survey Report, the results from this survey were used to support decisions about focusing on cross-agency collaboration and trauma capacity building for localities. In the interviews, the site described struggling to

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

obtain responses from some state agencies and reported several follow-up attempts to increase participation in the survey. Survey data provided information about the use of trauma-informed organizational policies across systems and supported the need for coordination between state agencies and local providers.

Activities During the Implementation Phase

After the needs assessment activities, Montana and Virginia sites moved into the implementation phase, where they continued to develop their approaches and began to implement in pilot areas. Although the sites utilized the project's phased structure (i.e., 15-month planning phase and five-year implementation phase) to determine their timelines, they both faced

EXHIBIT 14. IMPLEMENTATION PHASE ACCOMPLISHMENTS BY SITE

	MONTANA ACCOMPLISHMENTS	VIRGINIA ACCOMPLISHMENTS
Objective 1: Maintain and Enhance a Network of Stakeholders Consisting of All Relevant Systems	▪ Revamped the Stakeholder Group to diversify the mix of stakeholders and increase engagement.	▪ Maintained the same members to have consistent buy-in from state agencies.
Objective 2: Finalize a Strategy to Link Systems of Care Based on the State's Needs	▪ Developed a screening tool. ▪ Created community-specific referral matrices and established a statewide crisis line. ▪ Conducted a policy review to examine rules and laws related to screening for victimization, specifically mandatory reporting laws.	▪ Developed a screening tool. ▪ Created resource guides for pilot areas based on resource-mapping activities. ▪ Creating a response and referral protocol (in progress). ▪ Conducted a listening tour to gain the child and family voice. ▪ Created a Grant Application Menu for state agencies to use when developing requests for proposals and finalized the policy analysis tool (developed during the planning phase). ▪ Creating an app version of the screening tool (in progress).
Objective 3: Implement the Strategy to Link Systems of Care	▪ Spring 2016: Selected three pilot areas; however, those fell through after one year. ▪ April 2017: Shifted to new pilot areas and began preparations. ▪ March 2018: Completed full-day training events with pilot areas. ▪ July 2018: Conducted the first round of piloting in five areas. ▪ October 2018: Conducted feedback tour with the first round of pilot areas.	▪ June 2016: Finalized the selection of the first round of pilot areas. ▪ Summer/Fall 2017: Conducted the first round of piloting in two areas. ▪ October 2017 and January 2018: Conducted focus groups with the first round of pilot areas. ▪ October 2017: Finalized the selection of the second round of pilot areas. ▪ Summer/Fall 2018: Conducted the second round of piloting in two areas. ▪ October 2018 and January 2019: Conducted focus groups with the second round of pilot areas.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

several challenges during each phase that impacted their individual timeline. The Virginia site completed its needs assessment activities in 15 months, began planning for piloting immediately, and implemented in the pilot areas in the fall of 2016. The Montana site completed its needs assessment activities in 18 months, began developing its approach immediately, and implemented in its first pilot areas in summer 2018. During the implementation phase, both sites maintained existing relationships with key state and local stakeholders and built new partnerships, as needed, for their implementation strategies. While each site had the flexibility to develop an approach that addressed the needs of its state, their approaches were expected to include the development of a systematic screening method, protocols for providing referrals and resources, and education for staff regarding implementation and sustainability. The sites each developed a screening tool, manual, and training materials; however, each site's processes and end-products were distinct. In addition, the sites created resource guides or referral matrices as the second component of their coordinated approach. After developing their strategy for coordinating systems, the sites chose to pilot test their approaches before implementing statewide. They are developing plans for sustainability.

ACCOMPLISHMENT OF THE PROPOSED OBJECTIVES FOR LINKING SYSTEMS OF CARE

Both Montana and Virginia sites sought to accomplish several objectives for linking systems of care during the implementation phase, as outlined in the solicitation (see Exhibit 14). Both sites maintained stakeholder engagement, continued developing their approaches, and implemented in the pilot areas. The Montana site focused on building relationships with community champions who would provide valuable support for piloting and statewide implementation. The Virginia site focused on developing innovative products that would streamline screening processes and support sustainability across the state. Both sites made progress toward linking systems in their pilot areas. At the time of this report, both sites are continuing to pilot their approaches and have yet to implement their approaches statewide.

STAKEHOLDER INVOLVEMENT AND COHESION

Involvement of the stakeholder groups at both sites ebbed and flowed as the project moved to the implementation phase. Changes in stakeholder engagement and collaboration resulted from the sites' decision to shift toward a local, community-based approach as they began piloting their screening tools. The sites focused their efforts on building relationships with their pilot areas, while the stakeholder groups played a supportive role by providing guidance and feedback. The Montana site acknowledged the lack of stakeholder engagement reported in the 2017 interviews and chose to revamp its Stakeholder Group before beginning the pilots. The site recognized the value of having both state and local stakeholders, and sought out new members who could provide important connections in local and tribal communities. As a result, the new LSC Montana Advisory Group appeared to be more engaged. The Virginia site experienced a similar decline in engagement during implementation, as reported in the Network Partner Survey and 2018 interviews. While PAT membership remained relatively consistent over time, individual stakeholders' involvement and engagement declined. During the interviews, partners described several reasons for this decline, including that meetings became "report-out sessions" and concerns about the logistics of the screening tool and referral processes, which have yet to be addressed.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Montana: As observed during the monthly site calls and described in the interviews, the Montana site revamped and renamed its Stakeholder Group in 2017 to include more diverse perspectives from frontline service providers and tribal communities. These perspectives were largely missing from the first group and could provide valuable information based on firsthand experience. During the interviews, the site highlighted the involvement of a judge who provided a valuable perspective as a legal expert and supported the site's efforts to pilot test in their local community. The site believed that this change was necessary to bring representatives from communities who could provide support for obtaining buy-in for piloting the screening tool. This new group, called the Linking Systems of Care Advisory Group, consisted of 24 organizations, including representatives from state and local government agencies, nonprofit organizations, and tribal entities. Project staff convened virtual meetings monthly and in-person meetings on a semi-annual basis.

During the interviews, stakeholders explained that the change was positive because it bolstered community connections by bringing onboard more people from local communities. Similarly, as shown in Exhibit 15, findings from the Network Partner Survey demonstrated an increase in reported stakeholder involvement in 2017, compared to earlier in the project. About 40 percent of stakeholders reported moderate involvement in 2017, compared with only 13 percent in 2016. About 40 percent of stakeholders reported a little involvement in 2017, compared with nearly 70 percent in 2016. As shown in Exhibit 16, on average, stakeholders rated their perceptions of cohesion notably higher in 2017, when compared with the average rates in previous years. Following the change in the stakeholder group, stakeholders reported more involvement and more positive feelings about the cohesiveness of the group.

> "We have a really good group. We work well together. People aren't afraid to bring up issues. That's the whole purpose. We want to have a good product when we are done. We aren't afraid to ask difficult questions and find resolutions."
>
> *– Montana Advisory Group Member, 2018*

Virginia: PAT membership remained stable over time as the same agencies continued to be represented. However, findings from the Network Partner Survey and interviews illustrated that levels of involvement decreased during the implementation phase. As shown in Exhibit 17, no PAT members reported extensive involvement in 2017, compared to two members in 2016. In addition, more members reported moderate or a little involvement in 2017, compared to previous years. Similarly, as shown in Exhibit 18, PAT members reported feeling less valued and reported lower cohesion regarding the project over time. In the interviews, PAT members reported feeling as if the meetings were "report-out sessions" and noted a lack of clarity in their role during the implementation phase. The Virginia site's project staff sought out opportunities, such as workgroups, to maintain and enhance PAT members' involvement in the project; however, PAT members continued to feel less engaged during the implementation phase.

This decline in involvement may have been due to a change in the PAT's role during implementation, where the focus was primarily on the community-level pilot areas. While the PAT continued to meet regularly and discuss the project, project staff devoted significant time and effort to building relationships with providers in pilot communities and split their time across several committees, including a new Stakeholder Advisory Committee (SAC), and activities, such as the listening tour and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 15. MONTANA STAKEHOLDERS' INVOLVEMENT, 2015–2017

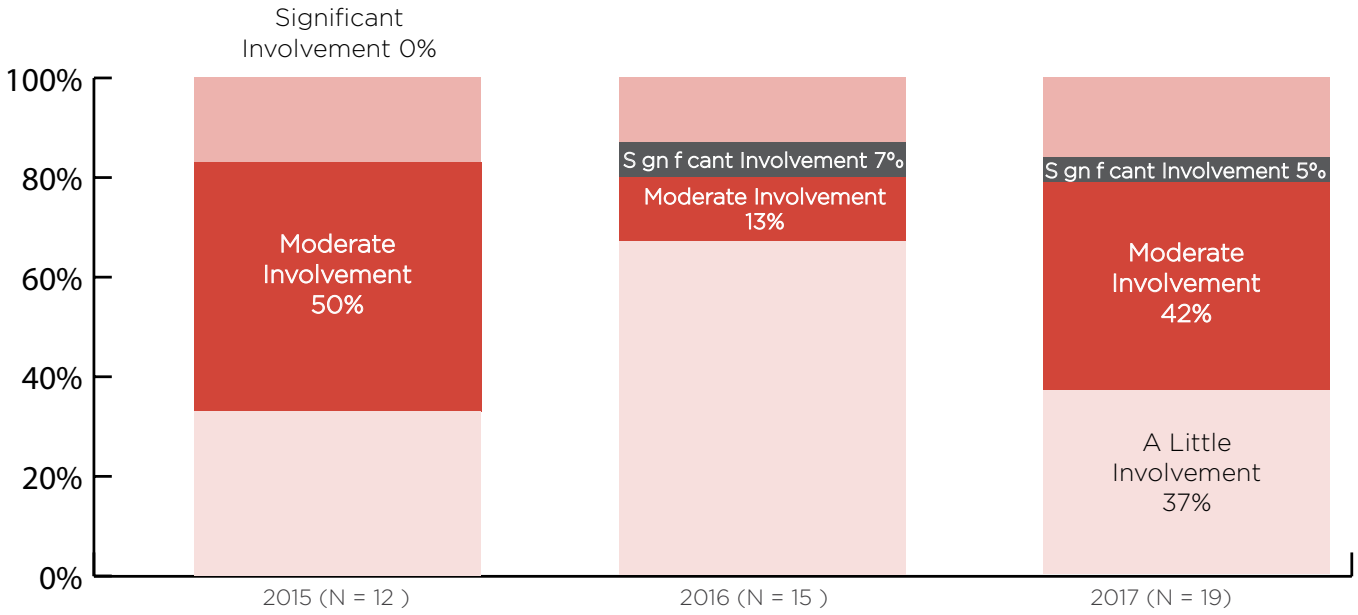
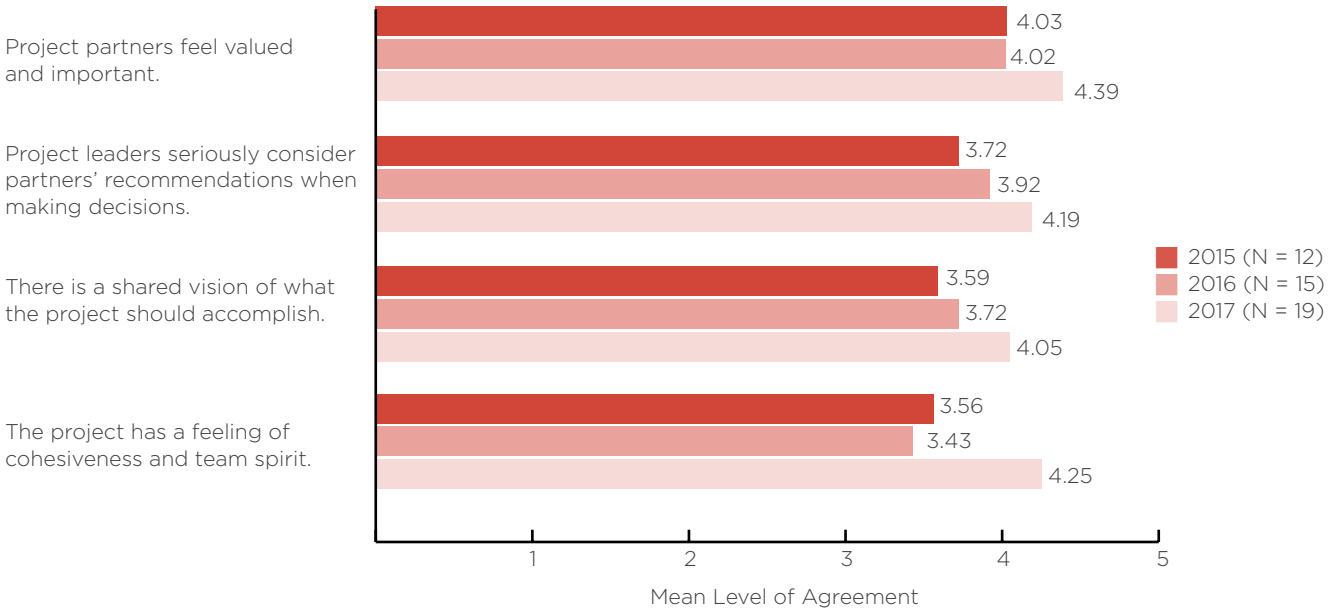


EXHIBIT 16. MONTANA STAKEHOLDERS' PERCEPTIONS OF COHESION



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 17. VIRGINIA STAKEHOLDERS' INVOLVEMENT, 2015–2017

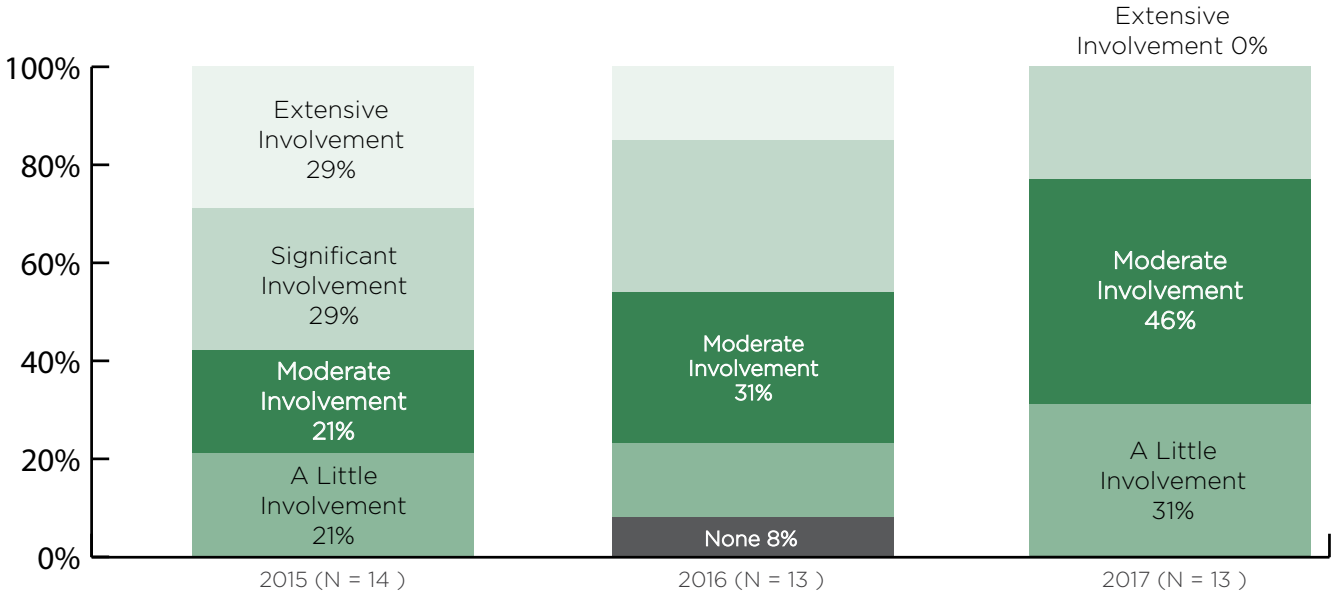
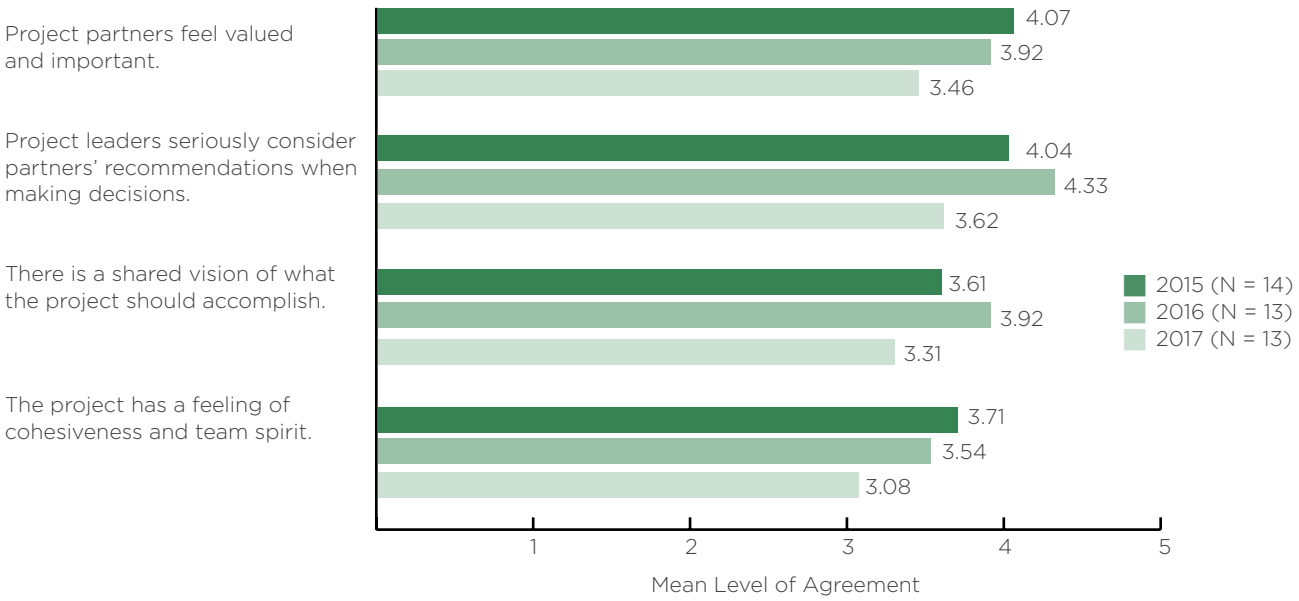


EXHIBIT 18. VIRGINIA STAKEHOLDERS' PERCEPTIONS OF COHESION



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

app development. In addition, the site hosted a Linking Systems of Care Summit, where they discussed the goals of this initiative with state and local stakeholders and looked to gain buy-in to help complete some of the outstanding goals and deliverables. SAC members, which consisted of state and local stakeholders who attended the Linking Systems of Care Summit, were responsible for three additional deliverables: a trauma-informed checklist, a brief report about best practices in family engagement, and the response and referral protocol. From observations, the Virginia site had a variety of engaged stakeholders during the implementation phase, which may have helped with completing the site's ambitious plans; however, high project staff engagement may have resulted in lower levels of engagement of PAT members during this phase.

APPROACH TO LINKING SYSTEMS OF CARE

The sites identified approaches and proposed similar related components intended to link systems of care. As required by the project's solicitations, each site's approach for linking systems of care included three key components: (1) a systematic screening method, (2) resource and referral materials for responding to screenings, and (3) accompanying training materials. Together, these components would improve service delivery by increasing the number of youth screened for victimization, providing specific guidance for how service providers respond to screenings, and ensuring quality service delivery through trainings. In addition, the sites conducted policy analysis activities intended to inform their work.

Screening Tool Development

A primary focus of the implementation phase was development of the sites' screening tools, which were informed by the specific needs each site identified during its needs assessment and intended to improve coordination of service delivery to youth victims and their families. The sites planned to implement these tools statewide to link all child- serving systems in their respective states. During the interviews, project staff at both sites described how the goal of the screening tools was to prevent children from "falling through the cracks" of the system and to better identify youth who might have experienced multiple types of victimization (i.e., polyvictimization). These goals were supported by findings from the Service Provider Survey and Youth Victim Survey, respectively. In the Montana pilot areas, 13 to 74 percent of the education and school organizations reported using a screening process. In three of the four Virginia pilot areas, 45 to 81 percent of the behavioral or mental health, child welfare, and other social or human services organizations reported using a screening process. These findings illustrated that the use of screening tools varied across systems at both sites and aligned with the sites' decisions to involve multiple systems in piloting activities. More than 40 percent of youth and family respondents in Montana and more than one-third of the respondents in Virginia experienced multiple types of victimization. These findings supported the need for identifying polyvictimization.

Although both sites began with similar goals, the development process for their screening tools involved one key difference—who each site brought to the table—that affected the length and focus of the resulting tools. Both sites facilitated workgroups to develop their screening tools and leverage the expertise of key stakeholders. However, the participation of different stakeholders at each site affected the development process. For example, the Montana site's workgroup was led by CRG researchers, who examined existing screening tools to use an evidence-based framework for adapting their tool. In comparison, the Virginia site's screening tool workgroup was led by a representative

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

from the co-convening agency, DCJS, and reviewed more than 60 existing tools. Due to inclusion of these different perspectives, the Montana site developed a tool that is relatively brief but captures enough information to guide referrals, while the Virginia site developed a more comprehensive tool that screens for a broad range of experiences and includes several follow-up questions to assess severity. Exhibit 19 depicts the key features of each site's tool; the tools are presented in Appendix B.

A key aspect of the screening tool development process was an IRB review, and both sites experienced challenges obtaining this approval. The sites needed to complete a full board review because they planned to collect data from a vulnerable population—youth victims of crime. This was a lengthy process, involving multiple submissions of their materials and several in-person meetings with IRBs across several agencies. Sites had to develop plans and procedures for obtaining informed consent, maintaining confidentiality, and ensuring that data were stored and transported securely. These procedures were further complicated by community concerns regarding data ownership, especially among the tribal communities in Montana. In addition, sites had to submit several amendments any time their tools or plans for implementation changed. Unanticipated delays associated with developing the materials, waiting for review, and addressing IRB concerns affected the sites' timelines for screening tool development and piloting. The sites learned the importance of communication, realistic timeframes, and starting the process early. In Montana, CRG was integral to navigating the process, and Virginia relied on the experience and expertise of its Screening Tool Workgroup.

EXHIBIT 19. SCREENING TOOL COMPARISON

	MONTANA SCREENING TOOL	VIRGINIA SCREENING TOOL
Title	Montana Prior Victimization and Trauma Screening Instrument	Virginia Victimization Screen
Purpose	Identify potential needs related to trauma and victimization, and facilitate referrals	Identify potential needs related to experienced or observed victimization, identify potential polyvictimization, and facilitate referrals
Length	One page	Two pages
Administrators	Laypeople and service providers	Laypeople and service providers
Administration Procedures	Anonymous and identified client screening procedures depending on the provider and system	Standardized anonymous screening procedure across all providers and systems
Age Appropriate Versions	Two versions for ages 0–8 and 9–17, respectively	Three versions for ages 0–6, 7–12, and 13–21, respectively
Languages	English	English and Spanish
Cultural Adaptations	Tribal version in development	N/A

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Montana: The Montana site described its goal of developing a screening tool that is brief (i.e., one page and takes less than 12 minutes to complete), specific to Montana's needs, and easily accessible to clinical and nonclinical professionals during the interviews. Researchers from CRG led the Screening Tool Workgroup, which developed the Montana Prior Victimization and Trauma Screening Instrument, manual, and training materials. Stakeholder Group members provided expertise and feedback. Based on CRG's literature review, the site adapted an existing, evidence-based tool to meet its needs.

During the interviews, the site described how the screening tool is intended to be used by laypeople and service providers to identify potential needs related to trauma and victimization, and to facilitate referrals. The screening tool questions were designed to detect trauma and victimization through an exploration of "experiences" and "expressions" related to stress. The site developed two versions of the screening tool, one for ages 0–8 and the other for ages 9–17.

The site also developed several options for screening tool administration, including anonymous and non-anonymous screening procedures that could be customized to best fit each screening setting. For example, the site established four separate administration processes with accompanying consent and assent forms for anonymous and non-anonymous screening of youth across the three child-serving systems involved in the pilot areas, as described in the screening tool manual. After completing a screening, administrators are instructed to provide a referral for appropriate services within six weeks, if deemed appropriate. To facilitate referrals, the screening manual includes community-specific referral matrices to help administrators connect youth victims to appropriate services based on their responses. Referrals for services are documented on the screening tool, and completed tools returned to the site for data storage and analysis.

> "I think the biggest piece is that our screening tool is built for anyone to administer. You can have laypeople doing it as long as they're trained. That is so important, because otherwise kids don't get asked those questions until they're in crisis. If you want to find the kids that are falling through the gaps, you have to go to the gaps. I do think that's going to make a huge difference."
>
> *– Montana Grantee, 2018*

The screening tool was finalized and ready for pilot testing in nontribal communities in spring 2018. At the time of this report, the site is working to adapt the screening tool for use in tribal communities and has engaged the National Native Children's Trauma Center, a Linking Systems of Care for Children and Youth in Montana Advisory Group member, to provide expertise on working with tribal populations.

Virginia: The Virginia site developed its screening tool, the Virginia Victimization Screen, in both English and Spanish, along with a user manual. These materials were finalized in April 2017 and intended to be updated throughout the pilot process as the site learned how the tool performed in the field. Project staff from the co-convening agency led a committee that developed the screening tool by scanning and combining best practices from 62 existing screening tools. As a result, the site approached its screening tool with a clinical lens, supported heavily by its liaison from the National Child Traumatic Stress Network, a partner of the national TTA provider.

The screening tool is intended to identify the victimization experiences of children and youth, and it includes questions to assess a broad range of experiences to identify youth who experience polyvictimization. The site developed three

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

versions: one for ages 0–6, to be completed by a parent or guardian, and one each for ages 7–12 and 13–21, to be completed by the youth. Having age-specific versions ensures that appropriate and understandable language is being used for the different developmental age groups.

The site also developed a single anonymous administration procedure that incorporated the use of unique identifiers to track completed screenings and referrals. After completing a screening, administrators are instructed to score the responses and provide a referral for appropriate services according to the scoring instructions. To facilitate referrals, the site conducted resource-mapping events and developed resource guides to help administrators connect youth victims to appropriate services based on their needs. Completed tools are sent to VCU for data storage and analysis.

The screening tool was originally intended for use by laypeople, including soccer coaches and YMCA staff; however, the site decided to focus on pilot implementation with service providers. This change resulted from the PAT's concerns about laypeople not having the proper training or background to conduct the screening, and therefore potentially asking sensitive questions that could trigger negative reactions in youth. The site decided to ensure that the tool is effective and straightforward for trained service providers to administer before training laypeople as administrators. At the suggestion of the PAT, the site piloted the screening tool with trained service providers through established agencies that have a professional history with or knowledge of conducting screenings or assessments. The site planned to learn how the screening tool performed in these settings, solicit feedback, and incorporate improvements during piloting before rolling out the tool for laypeople to administer. The team is currently working on the development of an online app for the screening tool.

Resource and Referral Matrix Development

The second key component involves the development of a response protocol that outlines appropriate responses to screening. The sites developed resource and referral matrices that provide specific guidance about how providers should respond to screenings, including how to provide referrals and what types of resources are available. These matrices are intended to support a coordinated approach by facilitating referrals and increasing access to existing community resources. For both sites, these matrices also become a way to garner buy-in from potential pilot areas and leave a lasting impact in communities.

Montana: Originally, the Montana site proposed creating a single statewide resource guide that could be updated regularly as part of its original grant proposal. However, these plans changed as the project shifted to a community-based focus. As a result, the site created community-specific referral matrices instead of one statewide guide. The matrices were developed for each community with which the site team worked, including the pilot areas and tribal communities, and are intended to be used as part of the screening process. The matrices outline specific community resources and services that correspond to items on the screening tool. If screening identifies a need for a specific resource, the referral matrix assists with referring youth and families to the appropriate resources and services. The CRG developed and vetted the referral matrices for each community by building on information from the Children's Advocacy Centers and Child Protective Services. In addition, the site partnered with a member of its Linking Systems of Care for Children and Youth in Montana Advisory Group to establish an agreement with a statewide crisis line that would field emergency and safety calls related to the screenings. The crisis line operators would use the referral matrices to provide information on resources and services. During the interviews,

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

project staff described the importance of providing services when screening youth as an "ethical mandate" and explained how the referral matrices and crisis line are necessary parts of their coordinated approach. Similarly, the site developed referral matrices in tribal communities with which it worked and considered each community's laws and approval processes to ensure cultural sensitivity.

Virginia: The Virginia site conducted resource-mapping events in each of its pilot areas to create a resource guide that would help with referrals after a youth victim is screened. The resource guide provides a list of organizations, their contact information, and the services they provide, and is organized by service provision area, such as child and family services, community services and resources, and government and public agencies. Screening agencies can use the information about services provided in the resource guide to identify appropriate referrals after a child victim is positively screened. The resource-mapping event was well received by the pilot areas because it made them aware of resources they had not previously thought about. As observed during the monthly site calls, the pilot areas believed that these events helped with system collaboration and coordination because they brought representatives of local providers together to discuss resources. They also believed that these events reflect the vision of "linked systems" because so many professionals from different organizations were involved.

Training Materials Development

Training is the third key component. Both sites developed a training manual and conducted in-person trainings to ensure proper implementation of the screening tool, provide guidance regarding the use of resource guides for making referrals, and share guidelines and best practices related to research ethics and trauma-informed care. Across the sites, laypeople or service providers could become screening tool administrators. The training materials were vital to ensuring that the screening tool was administered correctly, and they provided a means for feedback and capacity building for the systems and providers that piloted the tools.

Montana: Montana project staff conducted an all-day, in-person training with screening tool administrators prior to the pilot. This training, along with a training manual developed by CRG, provided specific guidance about the process of screening, including consent procedures, mandatory reporting guidelines, and how to use the referral matrix. The site also required additional training components related to research ethics and secondary trauma, per the University of Montana's IRB. The inclusion of these online training modules presented some challenges for project staff because the IRB review was time-intensive, and the additional trainings were difficult to coordinate across the pilot organizations. Some organizations experienced technical difficulties and did not receive their proof of completion required by the IRB.

Virginia: The Virginia project staff developed their training manual in-house through the Training Committee and provided in-person training in each pilot community. The training focused on how to use the screening tool properly and incorporated best practices in trauma-informed service provision. The inclusion of best practices aligned with the findings from the organizational needs assessment regarding the need for more trauma-informed capacity building in localities.

Policy Analysis

Finally, both sites conducted additional data-gathering activities related to policy during the implementation phase. While both sites also planned and conducted reviews of policies related to child and youth victims of crime, the

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

sites had different goals and approached their reviews from different levels. After the Montana site began developing its screening tool, it identified the need for a policy coordinator whose research and recommendations on existing policies would inform screening tool development and the piloting process. Virginia's policy analysis began earlier in the project, during the planning phase, and included numerous activities related to understanding how policies might affect the project's goal.

Montana: Beginning in 2017, the Montana site conducted a policy analysis to understand mandatory reporting laws in the state. The site's policy coordinator was tasked with understanding the specifics of the different and conflicting policies because the team wanted to ensure that its screening tool would align with Montana law. To bolster the tool further, the team solicited the advice of the state Attorney General to help address concerns related to the conflicting mandatory reporting laws in the state (e.g., legality of the parental permission process or affirmative obligations related to mandatory reporting). Using a similar approach, the project coordinator worked with tribal communities to understand the specifics of different policies that could be related to screening. As with other activities, the project coordinator addressed additional considerations in their work with the tribal communities, including obtaining Tribal Council approval prior to beginning the policy analysis. As observed during the monthly site calls, the site reinstated the policy workgroup in winter 2018 to develop a shared language related to trauma and resilience, as well as policy statements on various topics. The workgroup plans to integrate these policy statements into policies and procedures across the state and developed a tiered framework for achieving the group's purpose.

Virginia: The Virginia site's macro-level focus on state policies was intended to encourage state agencies to review their policies and identify areas for improvement in the hope that positive policy change might occur and affect providers at the local level. Policy analysis occurred during the planning phase and focused on a review of state agency policies to understand the integration of best practices in trauma-informed care. This resulted in the development of a policy analysis tool. During the implementation phase, the site's Policy and Analysis Committee continued to meet regularly and developed a checklist—the Grant Application Guideline Development Menu for Funders—for state agencies to use in developing requests for proposals (RFP). This menu was meant to be used by state agencies that fund social services programs to encourage grantees to provide comprehensive, trauma-informed care to children and youth.

PILOTING THEIR APPROACHES

A core objective of the implementation phase was implementing the coordinated approach for linking systems of care statewide. At the beginning of the project, both sites proposed statewide implementation of their approaches after the conclusion of the planning phase. However, the sites ultimately decided to implement in pilot areas first to test their approaches. The Montana site conducted one round of pilots in five areas: Mineral County and four Youth Court Services Division offices representing 10 counties. Across these five pilot areas, the site partnered with three child-serving

Montana Site Pilot Systems:

Juvenile Justice, Education, Health

Virginia Site Pilot Systems:

Juvenile Justice, Child Welfare, Victim Advocacy, Behavioral/Mental Health, Public Health

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

systems: organizations representing the health and education systems in Mineral County and with the juvenile justice system in the 10-county Youth Court area. The Virginia site conducted two rounds of pilots with representatives from five child-serving systems: the first round in Washington County and Charlottesville/ Albemarle County, and the second round in Alexandria and Hampton/Newport News. In both rounds, the site partnered with representatives from juvenile justice, child welfare, victim advocacy, behavioral/mental health, and public health. The site also worked to engage the education system in the second round; however, due to complications with conducting research in schools, such as needing to submit an IRB modification, the school systems withdrew from the pilot before it began. Both sites continue to pilot their approaches and have yet to implement them statewide.

Identifying Pilot Site Communities and Gaining Stakeholder Buy-In

An essential activity for successful piloting is gaining buy-in from local communities to participate as pilot areas. The sites planned to use the pilot areas as champions for an eventual state-level rollout. The Montana site focused on gaining community buy-in through a grassroots approach. Project staff attended community events to get to know community members and identify community champions. The Virginia site chose a more formal process, asking interested communities to complete an application to be part of the project, which would be reviewed by the ad hoc Pilot Site Committee. Once both sites selected their pilot areas, they spent significant time conducting training and preparing for the screening tool rollout.

Montana Site Pilot Areas and Systems

- Mineral County: Education, Health
- Youth Court Area (10 Counties): Juvenile Justice

Montana: As documented in the progress reports and observed during site calls, the Montana site pursued a community-based approach despite challenges in securing organizational buy-in. Based on the findings from its needs assessment and early experiences with outreach in tribal communities, the site recognized that piloting in local communities would be the best way to gain the necessary buy-in to implement and sustain its approach. Exhibit 20 depicts the site's plot selection process. The project staff built relationships with organizations and made presentations about the project to increase awareness and gain buy-in for piloting. The site established protocols for participation in the pilot site, including encouraging a signed M OU, and training. In addition, the site promoted implementation of the state's CONNECT Referral System (CONNECT), which allows for cross-agency coordination when providing services. The site required the pilot areas to have adequate resources to respond to the needs identified during screenings. In its work with several tribal communities, the site utilized a similar process of engaging key stakeholders; however, the site discovered that implementing its approach in these settings would require compliance with each of the seven sovereign nations' individual processes, laws, and levels of approval. To date, the site has developed relationships with three tribal communities and obtained Tribal Council approval to begin revising the screening tool for use in one tribal community.

In 2016, the Montana site selected Great Falls and Helena as its first pilot areas because they are urban, with resources and services available. These cities also actively use CONNECT, which the site intended to incorporate into the screening process. As observed during the monthly site calls, the site decided not to move forward with these initial communities due to the slower than expected progress of engaging the pilot areas and the challenges in obtaining

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 20. MONTANA PILOT SITE SELECTION PROCESS

buy-in from agencies. Around the same time, the site identified Flathead Reservation and Fort Peck Reservation as potential tribal pilot areas. These reservations had clear approval processes, were a reasonable drive from airports, and represented both western and eastern Montana, respectively. Due to budget restrictions, Fort Peck Reservation determined that it could not proceed with the pilot. The site received supplemental funding through the National Institutes of Health to create an updated sustainable resource guide for the Flathead Reservation. As outlined in the progress reports, the site needed to identify a different tribal pilot site when progress with Flathead Reservation stalled. These challenges informed the process of selecting a new group of pilot areas and helped the site recognize a need to be more actively involved and make more face-to-face connections to gain and maintain buy-in from all potential pilot areas. A key factor in its revised approach was location due to the need for more in-person communication. The original pilot sites—Great Falls and Helena—required significant travel time for any in-person meetings. As a result, the site focused on communities that were closer in proximity to its home base. Through ongoing relationship-building with local communities, tribal communities, and stakeholder group organizations, the site gained buy-in from one community (Mineral County), four offices within a state-level system (the Youth Court Services Division), and one tribal community (Fort Belknap Reservation) to begin the process of rolling out the screening tool.

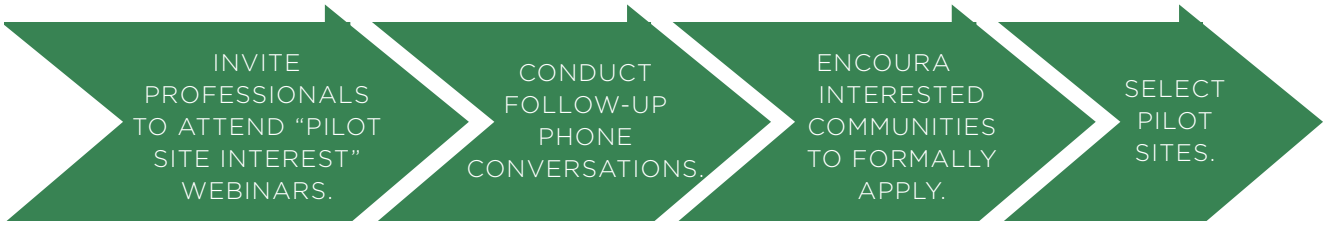
Virginia: Due to Virginia's commonwealth structure, the Virginia site was forced to think beyond buy-in at the state level and become more strategic in piloting its approach. State-level project partners cannot mandate that local agencies participate in the pilot. Therefore, the site worked to gain support for its approach in local pilot areas before statewide implementation. Exhibit 21 depicts the site's pilot selection process. While it spread a wide net to all communities to apply to become a pilot area, the site promoted the opportunity to specific localities that had some experience with other collaborative, trauma- informed initiatives. The project staff implemented a structured approach to gain local buy-in from the pilot areas; they provided an opportunity for any professionals across the state to participate in a "pilot site interest" webinar and selected localities with three or more systems applying to participate. Project staff used these webinars to garner interest, articulate their approach, and facilitate follow-up. The webinars were open to all communities, with the goal of reaching a diverse set of potential pilot areas. Interested communities were encouraged to apply to

Virginia Site Pilot Areas and Systems

- Washington County and Charlottesville/ Albemarle: Juvenile Justice, Child Welfare, Victim Advocacy, Behavioral/Mental Health, Public Health
- Alexandra and Hampton/Newport News: Juvenile Justice, Child Welfare, Victim Advocacy, Behavioral/Mental Health, Public Health

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 21. VIRGINIA PILOT SITE SELECTION PROCESS



become a pilot site, and following the application process, the site selected two rounds of two pilot areas for a total of four pilot areas. The pilot areas were assigned a member of the core project team to serve as a site lead, responsible for training and providing ongoing technical assistance to the screening organizations, conducting resource mapping, collecting screening tool data, and conducting focus groups following the close of the pilot phase. As described in the interviews, this process led to high levels of buy-in from pilot areas.

Rollout of Approaches

Upon identifying the pilot areas, both sites prepared to roll out their approach. At both sites, this included conducting training and supporting the screening organizations.

Montana: In spring 2018, a pilot training was held in the two nontribal pilot areas—Mineral County and the Youth Court Services Division. The approach was launched in those areas in summer 2018. Approximately three months after the launch, the Montana site conducted a three-month tour of the pilot areas to gather feedback on the screening process. In response to the feedback, the site made several revisions, including changing the name of the screening tool, permissions processes, and several screening questions. In its work with Fort Belknap Reservation, the site addressed concerns about data ownership, mandatory reporting, and the availability of services by seeking out additional VOCA funding to support direct service providers. Through an MOU established with Fort Belknap Reservation, the site received approval to conduct a policy review and began revising the screening tool and associated materials. At the time of this report, the site was identifying additional nontribal pilot areas and planned to pilot its approach in tribal communities, including Fort Belknap Reservation, in the near future. Through additional pilot sites, the site plans to collect additional data and feedback about the screening and referral process.

Virginia: The first set of two pilot areas received training on the site's approach after being selected in November 2016 and prior to implementation in May 2017. Following this training, the site developed an FAQ document to aid in the use of the screening tool and resource guide. This FAQ document included information about policies such as informed consent, about which pilot site partners frequently asked. In June 2017, the two original pilot areas began implementing the approach, and webinars were held to recruit two additional pilot areas. During piloting, project staff maintained regular communication with the pilot sites and conducted ad hoc TTA activities. A series of two focus groups were held in the original pilot areas at three-month intervals with the goal of gathering more information about collaboration processes among the participating agencies, as well as feedback on the screening tool. In June 2018, the approach was launched in two new pilot areas, and the site conducted a series of two focus groups with the second round of pilot areas. At the time of this report, the site was beginning to prepare for a third round of pilot areas to collect additional data for validating the screening tool.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Next Steps and Sustainability

At the time of this report, both sites were continuing to pilot their approaches and collect feedback to improve their screening and referral processes. Their efforts appear focused on strategies for conducting additional rounds of pilot testing, preparing for statewide rollout, and maintaining sustainability of their projects. The current strategies for accomplishing these activities are discussed below.

Montana

- **Next Steps:** Following the completion of the site's three-month focus groups with its first pilot areas, the site integrated feedback in preparation for another round of pilot areas. As documented in the feedback summary and initial screening tool analyses, screening tool administrators reported challenges with the screening tool permissions process and described some concerns about the name of the screening tool, as families did not want to be labeled as "victims." While initial data analyses suggested that the screening tool resulted in a 30-percent referral rate, some administrators explained that they made few referrals from completed screenings because youth were already receiving services or caregivers declined referrals. While these issues may present challenges for linking systems in the state, the site is optimistic that it will be able to address the concerns raised during the feedback tour and has begun to revise its processes, including by changing the name of the screening tool. The site also identified several potential future pilot areas and continues to obtain community buy-in. As observed during the monthly site calls, the project staff began developing an implementation plan for piloting in Missoula County. The staff identified several systems—juvenile justice, judicial, and child welfare—that were interested in participating in pilot efforts. Some of these connections were through existing partnerships, and others came from new frontline champions who were interested in advocating for the site's approach. As part of the piloting process, CRG received the screening tool data for entering and analyzing. During the interviews, CRG researchers explained that the data would be used to understand the prevalence of victimization and describe unmet needs among youth victims in the pilot areas.
- **Sustainability:** The site plans to sustain its efforts through community buy-in and CONNECT. By demonstrating the value and benefit of its approach in the pilot areas, the site hopes to leverage community buy-in from the pilot areas to encourage the adoption of the screening tool and resource matrices across the state. CONNECT is an online consented-referral system that allows service providers to make referrals for their clients and track information about the referral process. The site is working to get its screening tool integrated into CONNECT to potentially increase the availability of the screening tool and provide a mechanism for obtaining data to track outcomes, such as referrals.

Virginia

- **Next Steps:** The site is planning additional piloting activities and conducting a listening tour to engage children, youth, families, and service providers. The site plans a third round of pilots and began identifying local partner organizations to administer the screening tool. After each round of piloting, the site conducts follow-up focus groups to obtain feedback from the participating organizations. Findings from these focus groups will serve as the basis for future recommendations and potential revisions to the screening tool. In addition, VCU researchers are involved in using collected data to validate the screening tool. VCU will be conducting item response theory analyses because the questions are designed to be associated with related outcomes.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- **Sustainability:** The site's discussion around sustainability focused on product development. During the 2018 stakeholder interviews, the site reported, "Products, not staff involvement, that'll be the legacy." The site's goal is to create sustainable materials—such as a screening tool, training guide, and resource-mapping guide—that other communities can use after this demonstration project is complete. The screening tool app is another innovation to help maintain the initiative beyond the project's end date. The app provides an electronic platform for the screening tool to be used by screening agencies across the state.

Resources Available

Both Montana and Virginia sites leveraged various resources, including federal funding and guidance from OVC, external funding from federal and state agencies, and TTA from NCJFCJ and the National Child Traumatic Stress Network. Despite having access to similar resources, there are some key differences in the sites' experiences with TTA.

FINANCIAL RESOURCES

Both sites relied on their grant funds under the LSC demonstration project primarily to support their projects. Montana received $380,456 in federal funding for the planning phase and $1,568,665 for the implementation phase. Virginia received $424,989 and $1,651,067 for the planning and implementation phases, respectively.

While the sites received adequate resources for their work, limitations on the use presented challenges. For example, Montana wanted to provide food for the tribal listening sessions because it is customary and helps improve attendance; however, federal guidelines prohibit the use of funding for these expenses, so the site sought alternate funding for food, which the organization had to provide. Both sites relied on the grants under the LSC demonstration project, but also leveraged the work under the demonstration project to obtain additional resources to supplement those funds.

Both sites also tapped into non-LSC financial resources to support these efforts. For example, Montana focused heavily on relationship-building and sought outside resources to support continued work with two key tribal communities. The site helped secure National Institutes of Health funding for the Flathead Reservation to support a sustainable resource guide and state Victims of Crime Act (VOCA) funding to allow the Fort Belknap Reservation to hire mental health service providers and to support suicide prevention work. Virginia was concerned about sustainability and making its screening tool widely available over the long term. It sought and received VOCA funding to develop an app for their screening tool. These additional resources supported the Virginia site's sustainability planning and the Montana site's engagement and buy-in from tribal communities.

TRAINING AND TECHNICAL ASSISTANCE

NCJFCJ provided TTA to both sites on several topics throughout the project through regular communication with the sites, peer-to-peer learning opportunities, consultants who assisted with meeting planning and partner engagement, and support with the development and revision of project-related materials (e.g., screening tools, see Exhibit 22). While both sites receive TTA, NCJFCJ reported more, but shorter, contacts with the Virginia site during the planning phase, and fewer, but longer, contacts with the Montana site (see Exhibit 23). Despite differences in the frequency of engagement with the TTA partner, both sites provided positive feedback about receiving TTA during the planning phase (Exhibit 24). During the implementation phase, NCJFCJ provided more than 500 hours of TTA on a wide range of topics that reflected the different needs of the two sites. Both sites received site-specific

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 22. TTA TOPICS REQUESTED DURING PLANNING AND IMPLEMENTATION PHASES

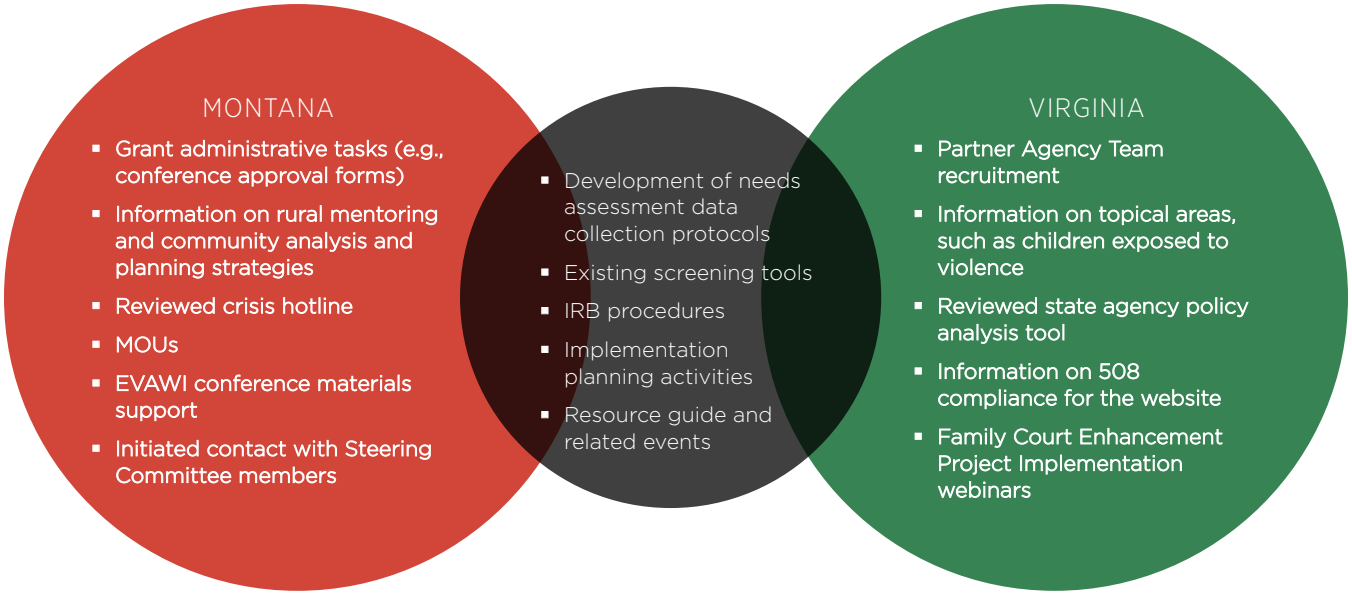
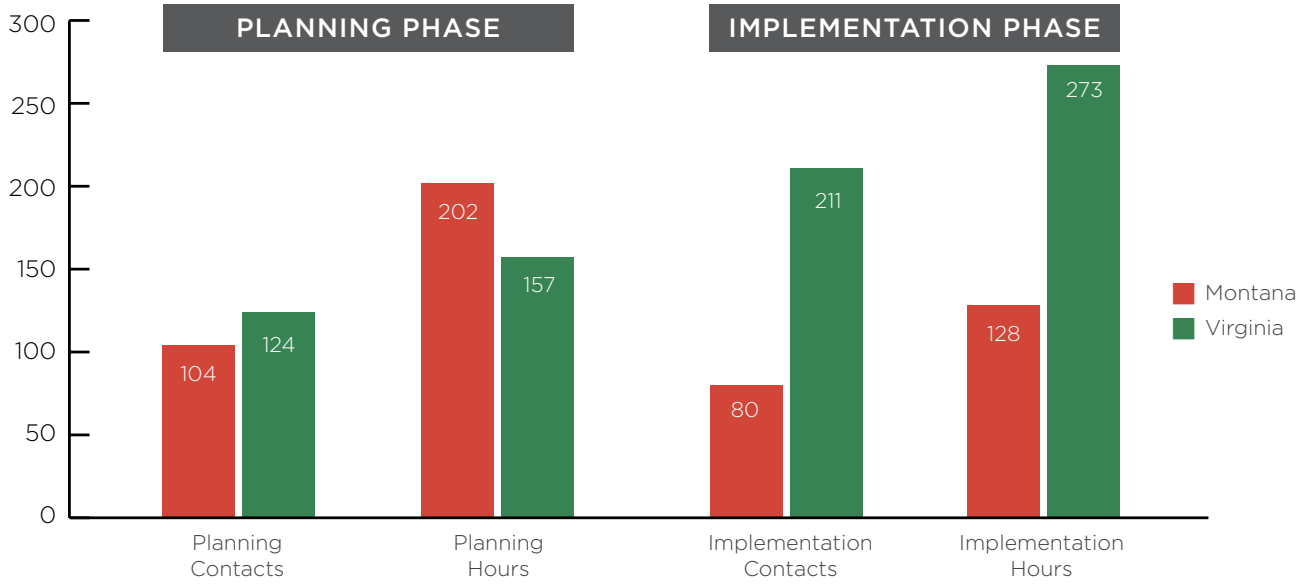


EXHIBIT 23. TTA CONTACTS AND HOURS DURING PLANNING AND IMPLEMENTATION PHASES BY SITE



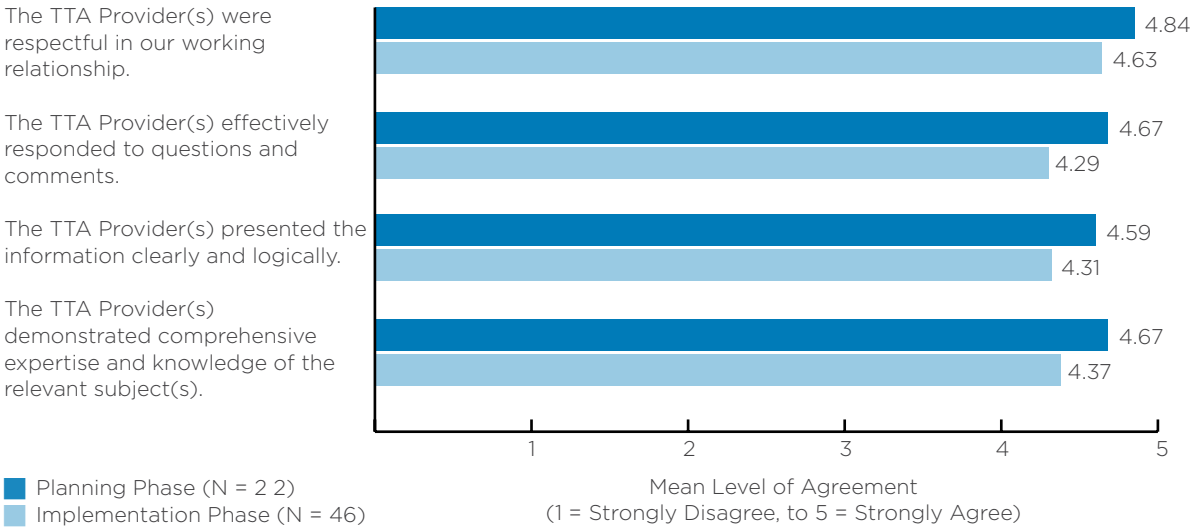
This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

assistance in similar areas, such as refining and finalizing screening tools and associated training manuals, support in policy activities, and support in developing resource guides and referral protocols. At the Montana site, the TTA focused on brokering relationships and providing topical information. At the Virginia site, the TTA focused on reviewing products and deliverables to support future project activities.

As shown in Exhibit 23, use of NCJFCJ TTA support changed dramatically between the planning and implementation phases. During the planning phase, the Virginia site had slightly more contacts with the TTA provider, but 22 percent fewer hours than Montana. During the implementation phase, that shifts, with the Virginia site having nearly three times as many contacts, and more than twice as many hours of TTA support. During the initial phase of implementation, the Montana site frequently sought out TTA from NCJFCJ as the team developed the components of their coordinated approach (e.g., screening tool, policy analysis) and sought expertise from the NCJFCJ Steering Committee in preparation for piloting the screening tool. As the site moved closer to piloting, the frequency of TTA decreased and the needs changed. After the screening tool was launched in the Montana pilot areas, the focus of the TTA shifted to helping identify and cultivate resources and contacts to bolster community buy-in and sustainability. Virginia used the TTA provider similarly to Montana in the beginning of the implementation phase, with the site receiving final feedback from NCJFCJ on the screening tool and creating a coordinated approach for service provision in the pilot areas. Dissimilar from the Montana site, the Virginia site continued to heavily engage the TTA provider during the pilot process, asking for their expertise in product development and for content-heavy TTA that would provide information for addressing challenges in the pilot areas. Although the Virginia site's satisfaction with NCJFCJ was lower early in the implementation phase, they continued engaging the TTA provider at a consistently high level to support pertinent needs, and the satisfaction again increases midway through the implementation phase.

As depicted in Exhibit 24, survey results show that both sites gave high ratings for the TTA quality and agreed that the TTA provider was respectful, responded to questions effectively, presented information clearly, and demonstrated knowledge of relevant subjects, with all average scores exceeding 4.0 on a 5.0 scale; however, the Virginia experience is not consistent over time. In the interviews, the Virginia site reported high levels of satisfaction during the planning phase, less satisfaction in the beginning of the implementation phase, and then returned to high levels of satisfaction later in the implementation phase. In the interviews, the Montana site reported consistently high levels of TTA, but a desire for more support on requests regarding specific content areas, which NCJFCJ addressed through new methods of collaboration between the site and the NCJFCJ Steering Committee.

EXHIBIT 24. SITES' PERCEPTIONS OF TTA PROVIDER IN THE PLANNING AND IMPLEMENTATION PHASES



Discussion

Montana and Virginia sites identified similar objectives based on the requirements of the RFP and conducted similar activities, including developing a network of stakeholders, conducting a gap analysis or needs assessment, developing a strategy, and implementing the strategy. Both sites also struggled with similar challenges, such as maintaining the engagement of the stakeholder group members, collecting data about the experiences of youth and their families, and completing activities within the original timeline. As a result, the sites have yet to implement the strategies for linking systems of care, and it is premature to comment on whether these strategies will improve the provision of services for this population. The challenges that the sites experienced are not surprising given their context and the nature of the demonstration projects, however, both the successes and challenges experienced by these sites have important implications for other communities that want to link systems of care to improve responses to child and youth victims. The sections that follow describe key themes related to these sites' efforts to link systems of care.

Approach to Linking Systems of Care

Each site developed an approach to linking systems of care that aligns with the requirements outlined in the solicitation and the gaps the sites identified through their needs assessment activities. Both sites' approaches included the same four key strategies: (1) a systematic method for screening, (2) response protocols to ensure that services are accessible, (3) training to support implementation and sustainability of their approaches, and (4) policy analysis to identify policy-related barriers to improving services for youth victims. Despite these similarities, the sites' processes for developing their approaches differed because of who was involved. These different paths may provide useful insight for future sites as they consider different approaches for linking systems.

The sites found that there was wide variability in the types of screening and assessment tools in use across each state, so both developed universal screening tools to help providers identify the broad range of experiences of victimization consistently. Although the sites drew on existing tools, they struggled with conflicting priorities, such as making the

screening tool short enough to be practical, yet detailed enough to provide full information. One site engaged researchers who adapted an existing evidence-based tool by leveraging the expertise of the practitioners. The other site cast a wide net, reviewing several existing tools, and relied on the insight of the stakeholders with clinical perspectives, which led to the creation of a longer tool that focused on identifying polyvictimization.

Sites also struggled to determine the logistics for screening, including who was qualified to conduct screenings, how data would be collected, and how reports of child abuse and neglect would be handled. The sites originally planned to train laypeople as well as service providers to administer the screening tools; however, stakeholder group members in one site expressed concern, so the site adapted its plans and training materials to ensure administrators are prepared. Both sites also struggled to address concerns related to the collection of data from completed screenings. Concerns about data ownership must be navigated thoughtfully, and both sites needed to implement strategies to ensure confidentiality and protect sensitive data. One site invested significant time and resources to understanding the state's mandatory reporting laws to ensure the tool aligns with state laws and are acceptable to providers and caregivers. Both sites also provided ongoing technical assistance to support providers and addressed specific concerns, including those related to informed consent.

To respond to the challenges of referring youth and families to supportive services based on needs identified by the screening tools, the sites developed community-level resource guides. This was a time-intensive effort, with stakeholders and providers across the state pitching in to develop comprehensive guides that would allow providers to help link clients to other systems within the state. Both sites recognized the importance of providing these resources and are developing sustainability plans to ensure that this work continues and that the guides remain up-to-date. One site plans to automate this process through a statewide consented referral system, and the other site plans to develop an electronic app to streamline the referral process. In addition to resource guides, one site partnered with a community service provider to staff a crisis line, and the other site held system mapping events to facilitate conversations between local service providers about available traditional and nontraditional resources. Both strategies complement the sites' resource guides in unique ways. The crisis line is intended to provide another avenue for youth and their families to receive referrals, while the system-mapping events bring service providers together and increase their awareness of the services available in their communities.

The sites also recognized that providers across the states must be prepared to use the tools and that agency policies should support the use of trauma-informed best practices. As required by the solicitation, both states developed training materials and conducted trainings for providers to educate them about how to use the tools and how to make effective referrals to link systems for youth and families. Both sites incorporated best practices for trauma-informed care into their training as they recognized the importance of ensuring high quality services for youth and their families. In addition to training, the sites recognized the importance of policy and the potential influence policy could have on their work. After digging into the details of their state's policies, one site recognized the potential impact of developing a shared language in policies and procedures across the state and began working with stakeholders to develop policy statements. The other site developed materials that policymakers can use to ensure their policies and programs support trauma-informed

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

and comprehensive services for youth and their families. After addressing concerns from agencies that felt they were being criticized, the site's stakeholders expressed appreciation for the materials and the opportunity to reflect on their use of best practices.

Stakeholder Engagement

Stakeholder engagement is a requirement of the solicitation and an important goal for the project as bringing together representatives from diverse child-serving systems is essential for creating effective linkages. The sites anticipated that bringing together a cross-section of stakeholders would help ensure buy-in and promote collaboration. During the planning phase, the sites achieved this buy-in by carefully considering the logistics required to bring stakeholders together, incorporating communication strategies that allowed them to share project updates quickly, and determining the role of the stakeholder groups in project decision-making. For example, both leveraged technology to develop and disseminate project newsletters that provided updates to stakeholder group members and other interested stakeholders. One site also developed a public-facing website for the project to support information sharing with a broader audience. The sites also sought to establish stakeholder group structures that actively involved members, whether through participation in topical workgroups, providing expert advice, or making connections. Giving stakeholders responsibility for concrete tasks and asking them to take ownership of decision-making processes appeared to be beneficial as these roles recognize the members' expertise, allow them to see how they are adding value, and help keep them invested in the work of the stakeholder group. These efforts to engage stakeholders were successful in the early stages of the demonstration project, as measured by stakeholder reports of engagement and commitment to working together.

Over time, however, stakeholders at both sites reported feeling less engaged as the sites moved into the implementation phase. As the sites' attention shifted to obtaining buy-in from local pilot areas, the sense of engagement among stakeholder groups at both sites gradually diminished. The sites restructured their stakeholder groups by adding other voices and attempting to engage stakeholders in workgroups to take advantage of members' expertise. Both sites found that despite early efforts to think broadly and be inclusive in their stakeholder groups' membership, some perspectives are not as well represented as hoped. For example, the need for additional perspectives from local and tribal communities became especially important during piloting efforts to make individual connections to potential pilot areas; however, despite the sites' efforts to bring in fresh voices and provide concrete, actionable tasks, the role of the stakeholder group remains unclear for some members, and levels of reported engagement decreased. With less engagement, the sites struggled to obtain buy-in for piloting at the state and local levels and encountered challenges that led to delays in linking their systems of care.

Although both sites are aware of the importance of engaging a diverse array of stakeholders, and took steps to address the concern, neither could work with all of their stakeholders in a way that sustained engagement and commitment to working together at consistent levels throughout the project. A drop-off in energy is not uncommon with groups of state- and local-level stakeholders, and it proved to be a concern for both demonstration sites, despite efforts to combat it.

Importance of the Needs Assessment

The demonstration sites recognized the need to identify strengths and gaps in their current service delivery systems and determine

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

whether there are existing linkages between systems to determine where to focus their energies. In support of these efforts, one site partnered with researchers to provide expertise in data collection and analysis. The other site acknowledged that the researcher perspective was missing from its needs assessment activities, and wondered whether it had used the data as effectively as possible.

The sites worked with stakeholders to consider what data they would collect and determined they needed to combine data from multiple sources. Stakeholders provided feedback about the types of questions to ask and had valuable connections to support data collection efforts. Sites collected data using surveys, focus groups, and policy and literature reviews, obtaining their information from state- and local-level stakeholders and service providers who served youth victims and their families. Stakeholders at both sites advocated for the inclusion of youth and families in the needs assessment to ensure that the perspectives of those with lived experience would inform the process. The sites attempted to include these perspectives through interviews and listening tours, but experienced significant challenges in recruiting families to participate in these efforts. As a result, the perspectives and experiences of those seeking services are largely missing from the sites' needs assessment activities.

The sites identified several gaps in their states' service delivery systems through the needs assessment activities. Although most of the service providers recognized the value of screening and assessment, some providers do not conduct any screenings. Those who did report using a wide variety of screening and assessment tools, often focused on the subset of needs addressed by the screening agency. Thus, providers do not consistently have the tools needed to investigate the full range of a youth's victimization and service needs. In addition, providers are interested in having one, uniform tool that could be used across agencies to help reduce re-telling of stories across multiple agencies. For providers who do conduct screenings, they do not always have a protocol or process for following up to address service needs and are not always aware of the resources available in their communities to address specific needs. The needs assessment findings align with the requirements of the solicitation and confirm the value of developing tools that could identify experiences of victimization and help link resources to meet the needs.

Implementation of Their Approaches for Linking Systems of Care

Both sites developed timelines for their projects that seemed feasible when the projects began; however, both faced challenges that affected the originally planned implementation. At both sites, implementation slowed because of decisions to pilot test their approaches, human subjects review processes that took far longer than anticipated, and challenges in obtaining community buy-in. In the end, timelines for implementation were pushed back significantly. As a result, the sites have yet to implement their approaches for linking systems of care statewide.

Originally the sites were expected to begin statewide implementation at the end of the planning phase. However, both sites adjusted their timelines to accommodate pilot testing. One challenge that affected their plans was the time required for human subjects' review processes. One site did not build in time for this process, and the other underestimated the time that would be required. In the end, the process took more rounds of review and revision than anticipated, and resulted in significantly more time and effort than expected. As a result, timelines for implementation were pushed back significantly. Sites had to adjust their timelines and develop more realistic goals for what could be accomplished within the scope of the project.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

After the planning phase, the sites recognized the need to test their approaches on a small scale. Although taking time to pilot test would clearly delay the implementation timeline, both sites determined that the testing was vital to long- term success and worth the necessary delay. Piloting is considered essential to identify areas for improvement. The sites planned to use the pilots to collect preliminary data and feedback to improve their tools and processes. A second purpose for piloting was to build credibility to support statewide implementation. The pilots provided an opportunity to demonstrate how the approaches worked in local communities. Once completed, the sites anticipate that the pilot areas will be able to share their experiences and serve as advocates for implementing the approaches more broadly. Having decided to pilot test, the sites identified pilot areas and providers that would be invested in the approaches. They also spent significant time and resources developing key relationships to help ensure that these pilot site stakeholders would serve as champions for broader implementation.

Recommendations and Lessons Learned

The experiences of these sites provide important lessons for future demonstration projects. Future sites will face similar challenges and needs to adapt. Future sites may benefit from considering how to create individualized approaches for linking systems in their communities, purposefully engaging key stakeholders, ensuring that they have a complete understanding of how their systems function, and finding a balance between strategic planning and implementation efforts.

Lessons Learned

CREATE AN INDIVIDUALIZED APPROACH FOR LINKING SYSTEMS

- Consider strategies that include screening, response protocols, and training.
- Examine external factors that may affect the coordination of systems.
- Assess the effectiveness of strategies.

PURPOSEFULLY ENGAGE KEY STAKEHOLDERS

- Develop clear roles and expectations.
- Engage members in meaningful activities through workgroups.
- Adjust demands based on available time and resources.
- Tailor activities to suit participants' interests.
- Establish meeting logistics that consider location and technology.
- Adapt plans for engagement over time.
- Ensure that members represent diverse points of view.

CONDUCT A NEEDS ASSESSMENT TO UNDERSTAND SYSTEMS AND SERVICES

- Identify staff or partners with expertise in research.
- Engage stakeholders in data collection efforts.
- Use a variety of data collection methods.
- Collect data from all relevant perspectives.

BE PURPOSEFUL IN PLANNING AND IMPLEMENTATION

- Plan to pilot test strategies before full implementation.
- Develop feasible timelines and goals.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Lesson Learned #1: Create an Individualized Approach for Linking Systems

These sites developed approaches for linking systems of care that involved three key strategies: a universal screening tool, response protocols, and training materials. These strategies met the requirements of the solicitation, align with the data the sites collected about what is needed to address gaps, and appear to be viable methods for linking systems. At a minimum, these three elements seem to be important components for any future effort to link systems of care.

Future sites may also benefit from additional elements that support system linkages, specifically efforts that contribute to policy changes or that provide individual service providers with opportunities to connect and share information.

Policies can affect efforts to link systems and improve services. Future sites may want to integrate policy review activities and engage stakeholders in efforts to create policy change. Sites may also benefit from creating opportunities for service providers to have conversations about available traditional and nontraditional resources in their communities toward promoting linkages at the local level.

Future sites may also benefit from beginning their processes by looking explicitly at factors that may affect their key decisions and actions when linking systems in their states. For example, acknowledgment of stakeholder perspectives early on could help sites build consensus among their stakeholder group members. Sites may struggle to obtain buy-in from systems with competing interests, and may want to confront these differences head on to ensure that they are aware of potential barriers to coordination. Sites may benefit from considering whether different perspectives can be reconciled, or whether it may be necessary to revisit the goals of their approaches. Similarly, explicit acknowledgment of historic relationships among systems could help sites avoid conflicts and challenges in obtaining community buy-in, thereby facilitating speedier implementation.

Lesson Learned #2: Purposefully Engage Key Stakeholders

OVC requires stakeholder engagement and sites recognize its importance. Sustaining this engagement can be challenging, however. To encourage high levels of engagement, future sites may benefit from developing clear roles and expectations for stakeholders early on so stakeholders feel they are a part of the team and working toward a common goal. Future sites may also benefit from considering how roles and expectations may change over the course of the project and ensuring that stakeholders understand why these changes must occur. They might consider engaging stakeholders in topical workgroups or as part of a formal decision-making body to ensure that the groups are participating in meaningful activities.

Other important factors to consider over the longer term include adjusting demands on stakeholder time based on available time and resources, tailoring assignments to suit participants' interests, realistically considering geographic location and available technology when establishing meeting logistics, and reviewing the role and functioning of the group over time. Sites also may benefit from building in flexibility and being prepared to adapt or revise how they engage stakeholders over time. They can regularly revisit stakeholder roles and expectations to ensure that they continue to align with stakeholders' interests and project goals and outcomes. Sites can also regularly solicit feedback about ways to ensure stakeholders feel engaged and committed to the project.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Finally, future sites are likely to benefit from ensuring that stakeholders are diverse and represent different points of view relevant to the demonstration project. Diverse stakeholders are likely to provide sites with differing viewpoints that may challenge colleagues to deeper thought and improve project work. For example, sites with stakeholder groups that are heavily focused on representatives from state-level agencies may benefit from including local stakeholders who know how systems function on the ground. Sites also may benefit from including youth and families in their stakeholder groups, as their lived experience can provide valuable perspective about the potential impacts of project work.

Lesson Learned #3: Conduct a Needs Assessment to Understand Systems and Services

The sites recognized the importance of understanding how systems and services in their states function, including the strengths and gaps in existing service delivery systems. Using this information, the sites made informed decisions about their approaches. Future sites may also benefit from taking time to collect appropriate data, mine it for key strengths and gaps, and interpret the results to inform programmatic decisions. Collecting data can provide information about the current functioning of systems and services and help determine if changes have occurred.

Both sites engaged researchers in data collection and gathered the perspectives of a broad range of stakeholders and service providers. To ensure a comprehensive understanding of the strengths and gaps in systems and services, future sites may benefit from a similar approach. One important step is to identify and engage staff or partners with research expertise who can support data collection and analysis efforts. Engaging this expertise at the beginning of the project will ensure that needs assessment activities gather relevant information and use it effectively. In addition, engaging researchers at the beginning of a project can support the collection and analysis of data related to implementation, which is necessary to determine if system linkages have been created or enhanced.

It is also important step to engage stakeholders in data collection because they may provide valuable insight about system strengths and gaps. For example, stakeholders may have unique perspectives or access to data sources that could contribute to a more comprehensive understanding of systems. Stakeholders may have historical knowledge about previous projects or relationship dynamics that can provide important context.

The sites' use of a variety of data collection methods proved an effective approach. Interviews and focus groups provided valuable details about individuals' experiences with systems, while surveys provided insight into system coordination and collaboration. Future efforts can plan to use similar multimethod data collection efforts from the outset to get a full picture of their system's strengths and weaknesses. Similarly, the sites' experiences also highlighted the value—and challenges—of collecting data from all relevant perspectives. The challenges the demonstration sites face in incorporating the perspectives of those with lived experience point to the need for future efforts to explore innovative tactics, such as participatory research to engage families and youth, and to put significant thought into how to accomplish this during the early planning stages.

Lesson Learned #4: Be Practical in Planning and Implementation

Despite their best efforts to develop and execute feasible implementation plans, both Montana and Virginia experienced challenges to

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

implementation. Future sites may benefit from planning for pilot testing, developing feasible timelines and goals, and being prepared to adapt. Plan for pilot testing from the outset, as pilot testing provides opportunities for troubleshooting and relationship building that are vital to obtaining broader support for statewide implementation. Although pilot testing requires additional time and effort, testing strategies on a smaller scale may provide valuable feedback about tools and processes, as seen for the Montana and Virginia sites. Sites may also benefit from collecting data to track piloting efforts and find out whether tools and processes are being implemented as intended. These data can help identify and resolve problems before approaches are implemented widely.

Expect that activities will take more time than originally planned, so develop feasible timelines and goals given the current resources. The phased structure of this demonstration project provided sites with a clear timeline for planning and implementation activities. However, the sites were not able to adhere to that schedule due to challenges in obtaining community buy-in and administrative approvals (e.g., human subjects or IRB review). Thus, sites may benefit from building in flexibility to account for unexpected challenges or lengthy administrative processes. One strategy may be to build in contingencies in preparation for difficult activities, such as time and resources required to obtain buy-in from communities that may be more difficult to engage. Sites also may want to determine the need for any administrative review processes early in the project, and ensure they allocate appropriate resources, as these processes often require significantly more time and effort than expected. Another strategy may be to divide the resources between planning and implementation activities, and conduct parallel planning and implementation processes to ensure a balance between planning and action. Setting realistic and feasible expectations about timelines is important for building and maintaining credibility with project funders, stakeholders, and the public.

It is too soon to determine whether the Montana and Virginia approaches will improve service delivery for youth victims of crime and their families because the sites are still working to implement them statewide. However, the screening tools and resource guides from each site may help prevent child and youth victims from falling through the cracks by identifying those in need and ensuring they obtain all the services that they require. Additionally, these approaches may identify children and youth who have experienced polyvictimization, who may require more nuanced or intensive services. If these approaches are successful, they will increase the likelihood of meeting the full range of needs for these victims. Frequently, victims of crime do not report the crime to the police, which means that there needs to be an alternative way of identifying and helping these victims, which highlights the need for these screening tools (Langton, Berzofsky, Krebs, & Smiley-McDonald, 2012).

As the sites continue the pilots and move on to statewide implementation, it is imperative that more data be gathered and analyzed to determine if such approaches can be implemented successfully across a diverse geographic area, and whether they can accomplish the goal of identifying child and youth victims and referring them to appropriate services.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

CHAPTER 3: EVALUABILITY ASSESSMENT

This chapter discusses the findings from an evaluability assessment on the feasibility of conducting an outcome evaluation for all four LSC demonstration sites: Illinois, Ohio, Montana, and Virginia. Evaluability assessments can be useful tools for evaluators as they explore the resources needed to conduct a rigorous outcome evaluation. In particular, these types of assessments help lay the groundwork for measuring program outcomes and can provide a roadmap for future outcome evaluation. Using a mixed methods approach, this evaluability assessment examined the sites' overall capacity to participate in an outcome evaluation. Specifically, evaluation capacity was assessed across three different readiness domains: site-level (support and infrastructure), project level (underlying theory and strategic approach), and evaluation (internal and external capacity). This chapter discusses the project's theory of change, the essential components of an outcome evaluation, the evaluation approach and methodology, and detailed findings from the evaluability assessment. This chapter concludes with recommendations for future directions to support an outcome evaluation.

LSC Theory of Change

Exhibit 25 depicts the theory of change for the LSC project. A theory of change is a testable hypothesis that depicts how change is expected to occur for a project (Act Knowledge, n.d.). Often depicted graphically, a theory of change links project activities to desired outcomes. For the LSC project, the left side shows the set of preconditions that call for improvements in the coordination and identification of needed services for youth. Specifically, these preconditions include the high rates of victimization among youth, which are coupled with high service needs, the lack of available and coordinated services for this population, and potential duplication of services. To address these gaps, the demonstration sites are developing individualized approaches that link systems together through multiple strategies, such as appropriate and timely screening mechanisms, referral processes, and training. These components aim to improve coordination and collaboration among child-serving systems, leading to improved service delivery and greater wellness and healing for youth victims of crime and their families.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 25. LSC THEORY OF CHANGE

LSC PROJECT THEORY OF CHANGE	
Need for improved coordination and better identification of youth victims of crime	▪ High victimization rates among youth and high service needs ▪ Lack of available and coordinated services ▪ Potential duplication of services
Individualized approach to linking systems based on identified gaps	▪ Systematic screening method ▪ Training ▪ Referral processes and protocols
Coordination and collaboration among child-serving systems	▪ Improved service delivery ▪ Greater wellness and healing for victims and families

Considerations

There are some important considerations and limitations related to this report. First, these findings represent a snapshot in time and assess the feasibility of conducting an outcome evaluation in each demonstration site as the sites currently stand. At the time of this report, each demonstration site is at a different stage of project planning, development, and implementation. The first cohort of demonstration sites, Montana and Virginia, were well into the implementation phases of their projects and began pilot testing prior to statewide implementation. In contrast, the second cohort of sites, Illinois and Ohio, were at the beginning of their projects and completed the 15-month planning period prior to the collection of evaluability assessment data. While the report offers recommendations for further project development intended to support an outcome evaluation, it does not speak to what the programs will look like down the road. Instead, this report simply offers information that may enhance the readiness of the sites for future outcome evaluation. In addition, this report may assist future evaluators as they determine possible evaluation designs for future LSC demonstration sites or similar initiatives.

Second, consider the findings discussed in this report within the context of changes in the original evaluation design that occurred during the fall of 2018. The original evaluation design included process and outcome data collections intended to capture sites' planning and implementation processes and assess progress toward outcomes using a pre- and post-test design. As such, the original data collection plans for the first cohort of demonstration sites included baseline data collection that was conducted prior to the sites' piloting their approaches for linking systems of care; however, the original evaluation was redesigned in fall of 2018 and the plans for an outcome evaluation were discontinued.

Third, a wide variety of data sources support the findings, including some that vary across cohorts. Each data source is discussed in detail in the Evaluability Assessment Design and Methods section. Quantitative data from an Evaluability Assessment Questionnaire were used to provide an overview of each site's self-reported readiness to participate in an outcome evaluation. Questionnaire data were collected from project staff at the same time from all four sites. While these data are intended to provide a broad sense of the sites' perceptions regarding readiness, site team members expressed concerns regarding the

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

relevance of some items. Where appropriate, these concerns are discussed along with the presentation of findings. Qualitative data from interviews, documents, and project and participant observations are used to provide context and explain the quantitative findings. Qualitative data (e.g., annual interviews, observations, document review) associated with the Montana and Virginia sites were collected over an approximately four-year period from 2015 until 2018, along with the sites' planning and implementation processes. Given this large amount of data, additional follow-up interviews were not conducted with the first cohort of demonstration sites. While qualitative data were also collected from the Illinois and Ohio sites, collection from these sites occurred over approximately one year and included only one round of interviews with project staff in these sites. To the extent possible, this report presents the most accessible, current, and relevant data that spoke to the state of evaluation readiness in each demonstration site.

Last, this assessment focuses on the merits of each demonstration site individually and takes into account each site's stage of development as it relates to their ability to conduct a cross-site, overarching outcome evaluation. While the aim of this report is to present overview findings and recommendations regarding the readiness of all sites, the individual sites are not compared to one another, and their results are presented and discussed on a site-by-site basis. As such, this assessment is based on the individual status of each demonstration site at the time of this report. These considerations form the basis for interpreting the evaluability of a program or, in this case, demonstration site.

Outcome Evaluation Essentials

Outcome evaluations assess the effectiveness of a particular program to produce change. They focus on difficult questions that ask what happened to program participants (or in this case demonstration sites) and how much of a difference the program made for them. Typically, an outcome evaluation is undertaken when it is important to know whether the objectives of a project or program are met and how well. In the area of victim services, as with OVC's LSC demonstration sites, programs tend to target outcomes such as improved service delivery, which, in turn, improves the well-being of child and youth victims and their families. An outcome evaluation should be able to ascertain if a program meets its objectives. In order to assess the progress toward the outcomes or objectives that a program is designed to achieve, a number of scientific or methodological caveats should be considered.

It is best to design an outcome evaluation during the program planning process, prior to program implementation. The evaluator should be involved in the planning process so that the measures, instruments, and data collection procedures and schedules can be coordinated carefully and sustained over the course of the project. Before putting a program in place, program staff and evaluators must decide what to measure, choose an evaluation design, specify sources of data and any accompanying data collection methods, and develop an analytic plan. It is beyond the scope of this report to review every decision that must be considered while planning an outcome evaluation; however, there are some common focal points.

To evaluate any program on outcomes, the program model must be well-defined with attainable and measurable goals, objectives, and outcomes. This is often expressed in a theory of change and accompanying logic model for the specific program. It is also necessary to

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ascertain whether the program was, or can be, implemented with fidelity. Adequate support and resources must be present to ensure that the program can be implemented as designed so that there is a logical link between the goals and objectives, project activities, intended outputs, and short- and long-term outcomes. Once it is determined that a program has sufficient support and conceptualization, the evaluator considers various aspects of study design and measurement.

Selecting the appropriate study design is a fundamental methodological decision that must be determined by the evaluator. There are several experimental and quasi-experimental designs to choose from depending on the goals, objectives, and other aspects of the program. In selecting a study design, the evaluator must consider the underlying workings of the program, the target population to study, and the desired outcomes. Ultimately, the choice of design will determine whether an outcome study can isolate the effects of the program, rule out competing explanations, and produce valid results. While there are many designs choices, the evaluator must also consider what is feasible given time, budget, and resources allocated to the evaluation and the degree to which adequate data are available or obtainable to measure the activities, outputs, and intended outcomes of the program.

The choice of a specific research design often determines the degree to which an evaluator can control who gets the intervention. Generally, true experiments require the random assignment of subjects to treatment and control conditions in order to account for various threats to internal validity (i.e., factors that confound the results of a study and limit the evaluator's ability to isolate the independent effects of the intervention). It is often the case in the social sciences, in particular, that conditions do not allow for the random assignment of study subjects. For instance, victim services programs frequently possess little capacity to control who walks through their door, and there are often many ethical and other impediments to randomly assigning study participants to treatment and control groups. In these cases, evaluators are usually limited to choosing a quasi-experimental design.

Even with a quasi-experimental design, the evaluator still must determine how best to draw comparisons between the treatment group and as close to "equivalent" group(s) as possible. This is so the outcomes of the treatment group (e.g., modified service delivery for crime victims) can be compared to a "business-as-usual" or other valid group of individuals who did not receive the treatment. The key to determining

Principles for Conducting Program Evaluation

- Procedures for the enrollment of study participants
- Appropriate sample size necessary for sufficient statistical power
- Short-term and long-term outcome measures best suited to assess the program objectives
- Research design that is most appropriate for isolating the effects of the program on outcomes
- Control/comparison groups, if any, most appropriate for ascertaining differences in outcomes
- Data sources available and/or need to be created to capture the outcome and control variables required for statistical analysis
- Proper timing of data collections and the necessary length of the follow-up period to assess identified outcomes
- Appropriate statistical tests and comparisons to be made for the valid assessment of program outcomes

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

if a specific intervention, such as a modified victim services program, resulted in better or improved outcomes is to compare the same outcome if the program resulted in the intended level of outcomes to a group of participants who did not receive the intervention. Through this comparison, it is possible to determine if a program resulted in the intended changes in outcomes, such as improved service quality or greater well-being for child and youth victims and families. If an equivalent comparison group cannot be obtained, then the evaluator is left with study design options that are much less rigorous, such as a correlational design or nonexperimental approach.

Beyond the choice of a research design, there are many other factors to consider when determining if an outcome study on a given program is feasible. An evaluator must examine issues of surrounding data quality and availability, along with the timing of data collections and measurements. The evaluator must determine if there is an opportunity to collect baseline data to compare pre- and post-intervention outcomes. This is true regardless of whether the study involves a single intervention group or comparison group(s). Other questions an evaluator must often contemplate include:

- How will subjects be enrolled in the study?
- What sample size will be necessary to obtain sufficient statistical power?
- What is the best way to operationalize the intended short-term and long-term outcomes?
- What data sources are available, and what is the quality?
- How long a period is necessary for follow-up to capture both short-term and long-term outcomes?
- What statistical techniques should be applied to draw valid conclusions?

Answering these and other questions is fundamental to determining if an outcome evaluation is feasible and if it is likely to yield useful information; however, it is equally important to determine if a program evaluation is justified. Evaluability assessments can help to determine if a program is sufficiently conceptualized, and/or implemented with fidelity, prior to investing the resources to perform a program evaluation. Some programs do not have a sound theory of change that empirical studies can support, while others have a strong theoretical foundation with poor implementation.

Beyond the methodological considerations, evaluators must also assess the level of support and capacity of the demonstration sites to participate in an outcome evaluation. This often relates to whether there is sufficient agreement and commitment from leadership, program staff, and other stakeholders on the importance of data collection and evaluating program effectiveness. An evaluator must also determine if the goals and objectives of a project identify clearly and link logically to the project's activities and stated outcomes. Such considerations relate to the readiness of the program or project to undergo a close examination of its processes and outcomes. An evaluability assessment can help provide answers to these questions and determine if the methodological aspects of an outcome evaluation can be met. The following section provides an overview of the purpose and common approaches to evaluability assessment.

Evaluability Assessment and Program Readiness for Evaluation

Evaluability assessment is a systematic process that helps identify whether program evaluation is justified, feasible, and likely to provide useful information (JRSA, 2003). It is also useful for determining whether conducting the evaluation will lead to improvements in program management and performance. Funders, program managers, and evaluators conduct

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

evaluability assessments to determine the level of readiness their program has with respect to understanding and commitment, available resources and infrastructure to participate in an evaluation, and whether they have capacity given the program's intended accomplishments. Evaluability assessments are designed as low-cost, pre-evaluation activities intended to better prepare for conventional outcome evaluations of programs, practices, and some policies (Leviton et al., 2010). In 1970, James Wholey created the assessment to address issues in programs that were considered "unsuitable" or too "premature" to participate in an evaluation. At that time, concerns included the lack of programs with realistic and practical goals, program designs that were not well articulated or backed by sound theory, disagreement about the central outcomes, and resources listed on evaluations that funders did not find credible. In response, Wholey (1979) developed the evaluability assessment to explore the reality of programs and determine the likelihood that activities would achieve intended outcomes. In addition, this approach assesses the extent that information about program outcomes meets needs of program managers and policymakers.

These assessments often follow an iterative process by first engaging the potential end users of the evaluation, review and analysis of program data, and consulting with program stakeholders to identify key components of the program (Leviton et al., 2010). Through this process, evaluators identify program goals and develop or revise logic models and theories of change to ensure they capture program realities and reach consensus regarding program outcomes. Then, the logic model and theory of change are used to determine options for an outcome evaluation design and available data that will allow for the rigorous evaluation of program effectiveness.

Evaluability assessments can be important tools for planning outcome evaluations because they help identify necessary resources and lay the groundwork for measuring program outcomes (Leviton et al., 2010). Conducting an evaluability assessment at this stage in the LSC project will provide valuable information to OVC and the National Institute of Justice (NIJ) as they consider how best to evaluate the effectiveness of the sites' linking systems of care approaches. This evaluability assessment explores the feasibility of conducting an outcome evaluation of all four currently funded LSC demonstration sites. Specifically, the evaluability assessment will provide an overview of considerations required for outcome evaluation and offer an overall assessment of the site- level, project, and evaluation readiness of each demonstration site. The assessment will examine the extent that each site has defined its core project components, defined measurable outcomes, and identified resources necessary to participate in an outcome evaluation. Using a mixed methods approach, the evaluability assessment incorporates findings from the formative evaluation and data collected through an online survey and follow-up in-person interviews.

Design and Methods of Present Evaluability Assessment

This report presents findings regarding the current capacities of the LSC demonstration sites and their readiness to participate in a rigorous outcome evaluation. A mixed methods approach combines qualitative and quantitative data to describe the readiness of the sites and to assess the feasibility of conducting a project-level outcome evaluation. Specifically, the evaluability assessment will:

- Assess three key areas of measurement related to evaluation: site-level readiness, project readiness, and evaluation readiness;
- Provide considerations regarding the outcome evaluation design that will be useful to OVC and NIJ as they consider the deployment and use of resources; and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- Provide recommendations for these and future sites to build their capacity to participate in an outcome evaluation.

To accomplish these objectives, this evaluability assessment leverages data collected from each of the four LSC demonstration sites to assess each site's capacity, including areas of strength and growth. By combining several data sources and perspectives, this assessment attempts to provide a nuanced and contextual review of the sites' current capacity and present recommendations for refining project activities in preparation for a rigorous outcome evaluation.

LSC Demonstration Site Grantee Agencies

In 2014 and 2017, OVC funded two cohorts of four organizations selected as part of the project in Illinois, Montana, Ohio, and Virginia to develop and implement an individualized approach to linking systems. Led by the grantee agencies in their respective states, each site established a stakeholder group and identified goals, objectives, and activities as part of its approach to linking systems. Exhibit 26 presents a brief overview of the key people and project activities in each site, followed by a brief introduction to the site.

Guiding Research Questions

- Do sites prioritize and commit to evaluation activities, including existing support for evaluation and use of data to inform decision-making, particularly among site-level project leadership, and have the infrastructure to conduct evaluation activities?
- Do projects have the necessary structural and operational elements, including support for evaluation among stakeholders, and scale and maturity?
- Do demonstration sites have the key components in place that are required for rigorous outcome evaluation, including evaluation capacity, measurable outcomes, appropriate evaluation design, and data systems?

MONTANA

The Montana Board of Crime Control (M BCC) was awarded funding as part of the first cohort of the LSC project in FY 2014. M BCC is the state's statistical analysis unit and is well positioned to lead this project.

EXHIBIT 26. LSC DEMONSTRATION PROJECT SITES

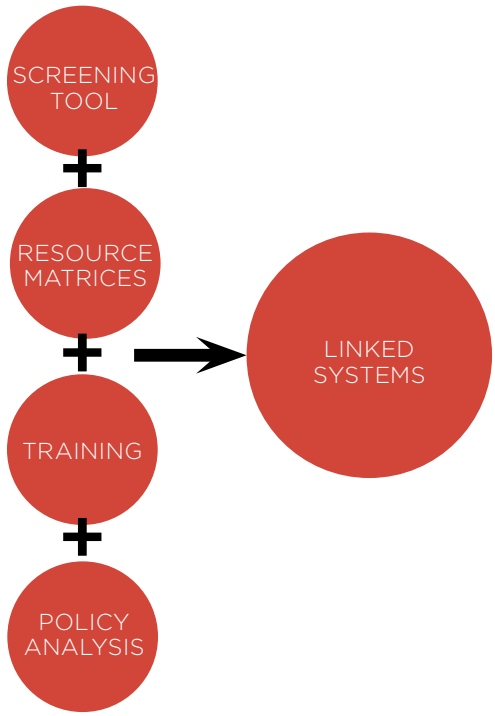
STATE	MONTANA	VIRGINIA	ILLINOIS	OHIO
Cohort	Cohort 1 (FY 2014)	Cohort 1 (FY 2014)	Cohort 2 (FY 2017)	Cohort 2 (FY 2017)
Grantee	Montana Board of Crime Control	Virginia Department of Social Services	Illinois Criminal Justice Information Authority	Ohio Office of the Attorney General
Project Components	Screening tool, resource matrices, training, policy framework	Screening tool, response protocol, training, policy analysis	Education and training, multidisciplinary team, service availability	Screening tool, resource directory, response protocol, education, and training

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

M BCC contracted with the University of Montana's Criminology Research Group (CRG), which supported research and evaluation activities for the project, and leveraged an existing network of stakeholders who served as members of the Advisory Group and provided expertise, contacts, and assistance with community outreach during the project.

The goal of the demonstration site is to provide child and youth victims and their families across the state with all necessary resources to address their needs by linking systems of care. To accomplish this goal, the site developed an approach informed by its needs assessment activities, which included a state-specific screening tool, community-specific resource matrices, training, and policy analysis (see Exhibit 27). The screening tool and resource matrices are intended to be used together to identify experiences of trauma and victimization and facilitate referrals to appropriate services for youth victims and their families. To facilitate referrals, the site plans to integrate the screening tool and resource matrices into the forthcoming statewide consented referral system. The site is in the process of piloting the screening tool and resource matrices in five pilot areas in the state and plans to conduct an additional round of piloting to refine the processes before statewide implementation.

EXHIBIT 27. LINKING SYSTEMS OF CARE IN MONTANA



VIRGINIA

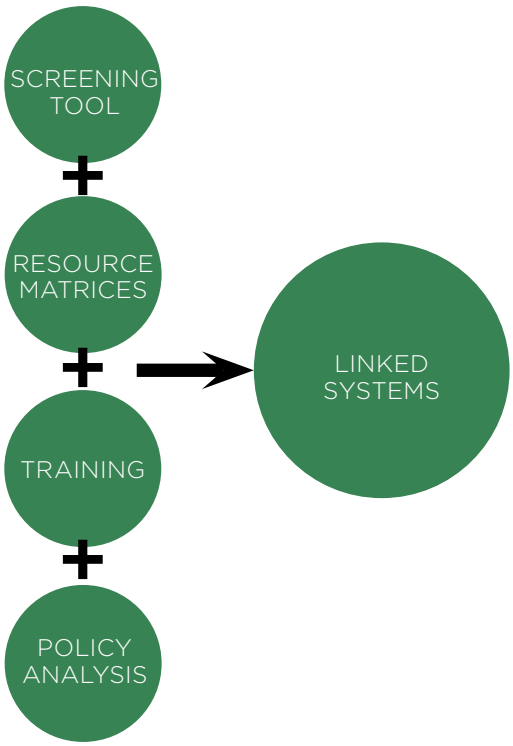
The Virginia Department of Social Services was awarded the LSC project funding as part of the first cohort of demonstration sites in FY 2014. The state possesses a rich history of networks and collaborative initiatives, including the System of Care Expansion Implementation Grant funded by SAMHSA and Project Connect, run by Futures Without Violence and the U.S. Office on Women's Health. These collaborative initiatives bring together local, state, and national organizations to work toward improved services for their target populations. The site built on these collaborations to develop a network of state-level stakeholders called the Partner Agency Team (PAT), which would serve as the project's decision-making body.

The goal of the demonstration site is to improve outcomes for children and youth through uniform screening for experiences of victimization and provision of consistent, trauma-informed, and evidence-based interventions, see Exhibit 28. In collaboration with members of PAT, the site developed an approach to link systems of care that would accomplish this goal, which is informed by their needs assessment activities and include a state-specific screening tool, resource guides, training, and policy analysis. The screening tool is intended to identify youth who have experienced one or more types of victimization and facilitate referrals to appropriate services based on responses to developed in collaboration with service providers in communities, provide information about available community services.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The site has completed pilot testing the screening tool in two rounds of piloting across four pilot areas and plans to conduct a third round of piloting to obtain additional feedback and collect additional data to validate the tool. Following this final round of piloting, the site plans to implement the tool statewide.

EXHIBIT 28. LINKING SYSTEMS OF CARE IN VIRGINIA



ILLINOIS

The Illinois Criminal Justice Information Authority (ICJIA) was awarded funding as part of the second cohort of LSC sites in FY 2017. Formed in 1983 as a state-level agency for the administration of justice, ICJIA works with leaders from the justice and public health systems to assist in the identification of challenges or barriers that are present within the justice system in Illinois to improve efficiency and outcomes for the public (ICJIA, 2017). The site leveraged these connections to develop its Leadership Network, a group of state and local-level stakeholders representing more than 40 organizations. The Leadership Network includes individual researchers; public health departments; legal service providers; police departments; state departments, commissions, coalitions, and the board of education; and state and county court systems and their respective divisions. These organizations came together to participate in the development of the site's LSC approach, which they named Illinois Helping Everyone Access Linked Systems (IL HEALS).

To date, the site convened the Leadership Network, held numerous meetings with state and local stakeholders, and completed its needs assessment activities, including a service provider survey and interviews with victims of crime and caregivers. Through this work, the site gained valuable knowledge about the functioning of systems in the state and developed a three-part relational approach for LSC. This approach includes: (1) recognizing victimization, (2) connecting individuals with resources, and (3) engaging support services, see Exhibit 29. The site plans to partner with community demonstration sites to develop and implement community-driven strategies that address community- specific gaps.

EXHIBIT 29. ILLINOIS HELPING EVERYONE ACCESS LINKED SYSTEMS

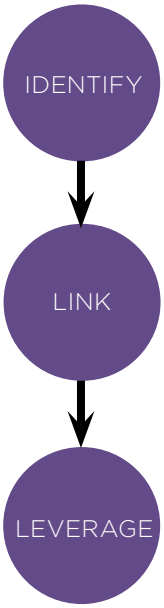
OHIO

The Ohio Attorney General's Office (OAG), and its subcontracted partners, Ohio Domestic Violence Network (ODVN) and Case Western Reserve University (CWRU), were awarded funding for Linking Systems of Care for Ohio's Youth as part of the LSC demonstration project. The OAG consists of nearly 30 distinct sections that advocate for consumers and victims of violent crime, assist the criminal justice community, provide legal counsel for state offices and agencies, and enforce certain state laws. ODVN is a federally designated state coalition of more than 70 shelters and programs, and CWRU is the university partner on this effort. CWRU joined the team to aid in the construction and validation of the project's proposed screening tool. In addition, CWRU provides a key connection to university research and resources across the state.

The overarching goal of the project is to improve the responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and the full range of victim needs, with a focus on evidence-based and trauma-informed care. The team seeks to achieve this goal by identifying victimized children and youth in Ohio accurately in a wide range of community settings; linking victimized children, youths, and their families in Ohio to resources in or near their communities effectively; and linking the systems impacting children and youth victims on a statewide level for greater coordination to improve family outcomes, responsiveness, and efficiency, and to increase leveraging of additional resources for Ohio's child and youth victims, see Exhibit 30.

As part of this project, Ohio proposed a statewide multidisciplinary stakeholder group and at least four workgroups centered on juvenile courts, family courts, criminal courts, and youth survivors and their families. Each workgroup is to include relevant practitioners and experts who could gather data and resources specific to the scope of each workgroup, as well as provide recommendations on best strategies for linking systems. The project began as a collaboration among 24 statewide, regional, and local organizations and, as of January 2019, the team has grown to more than 60 organizations and more than 100 individuals connected on the project listserv as the Ohio team has strived to leverage resources and relationships across the state. Stakeholders include practitioners in the juvenile justice system and the mental health system, among others, and they provide access to additional partners and networks that a project working within a single system would not possess.

EXHIBIT 30. LINKING SYSTEMS OF CARE FOR OHIO'S YOUTH



The Ohio team has five core outputs as a part of the project. They are:

1. Site visit to existing LSC project teams in Virginia and Montana
2. Needs assessment/gap analysis of current screening practices, tools, and associated training
3. Resource-mapping of major initiatives in Ohio
4. Local resources survey of evidence-based practices that assist child/youth victims
5. Data-driven screening tool and training protocol

The Ohio team has made progress toward implementation and, despite some barriers, the project continues to move forward in achieving the outputs outlined in its logic model.

Data Sources and Measurement

For this project, qualitative and quantitative data were collected from several sources, including an evaluability assessment survey, key informant interviews, documents, and program and participant observations. Some data sources vary across the two cohorts due to a 2018 change in the evaluation design. Before the change, several types of data were collected

EXHIBIT 31. EVALUABILITY ASSESSMENT DATA SOURCES BY COHORT

DATA SOURCES	COHORT 1: MONTANA & VIRGINIA	COHORT 2: ILLINOIS & OHIO	PURPOSE	SAMPLE	ADMINISTRATION
Evaluability Assessment Questionnaire	•	•	Assess perceptions of site-level, project, and evaluation readiness	Project staff	Administered online survey to all core project staff in 2019
Evaluability Assessment Follow-Up Interviews		•	Document-specific components of evaluation capacity and readiness	Project staff, project stakeholders	Conducted during in-person site visits in 2019
Annual Key Informant Interviews	•		Document the process of developing and implementing each site's chosen strategy for LSC	Project staff, project stakeholders, national partners	Conducted annually via phone and during in-person site visits from 2015 to 2018
Key Planning and Implementation Documents	•	•	Document specific project milestones and contextual factors	Project-related documents (e.g., grant proposals, strategic planning documents, implementation materials)	Requested from project staff, project stakeholders, and national partners
Observations	•	•	Document organizations and individuals involved in the demonstration project and activities included in each site's approach to LSC	Monthly site update calls, all-site meetings,site meetings and events	Recorded notes during project activities

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 32. EVALUABILITY ASSESSMENT MEASUREMENT FRAMEWORK

DOMAIN	DEFINITION	ITEMS
Site-Level Readiness	Site-level readiness examines existing support from leadership for an evaluation, information sharing, capacity building, and the use of data and evidence for decision-making.	▪ There is support for the evaluation and evaluation capacity building skills, as needed, among site-level project leadership. ▪ Site-level project leadership demonstrates commitment to evaluation and evidence-based or data-driven decision-making. ▪ Site-level project leadership supports staff positions/activities that focus on evaluation, learning, and improvement. ▪ Site-level project leadership demonstrates interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness. ▪ Project staff and stakeholders have opportunities to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities. ▪ Project staff make decisions based on regular assessment and use of data, information, evidence, and feedback. ▪ Site-level project leadership is willing and committed to devoting necessary resources (e.g., staff time and financial or other non-financial resources) to the evaluation. ▪ There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.
Project Readiness	Project readiness addresses elements (e.g., structural, practices) that need to be in place for conducting a rigorous evaluation. This includes existing support for implementing and evaluating the LSC program, operational readiness, program scale, maturity, and stability.	▪ Project activities are designed to address a clearly identified and defined problem or need. ▪ The project has a logic model that outlines the connection between project activities and intended outcomes or desired changes of the project. ▪ Goals and objectives are clearly articulated and attainable with the available resources. ▪ There is agreement across the project staff and stakeholders as to the expected program outcomes. ▪ There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short-, intermediate-, or long-term will occur. ▪ There is a shared understanding among project staff and stakeholders about the core elements of the project and the context in which the project operates. ▪ There is interest and support among project staff and stakeholders in conducting an outcome evaluation. ▪ Stakeholders see the value of evaluation and have ideas about how the project could benefit. ▪ The project is being implemented according to the logic model and using a well-planned sequence of activities. ▪ Project staff are qualified and properly trained to operate the program. ▪ There are enough qualified staff members on site to implement the planned project activities. ▪ Data that track implementation of project activities are being collected (e.g., screening tool administration, referral tracking). ▪ Input is sought regularly to understand the participants' experiences with the project activities and to identify and address any problems in a timely manner.

EXHIBIT 32. EVALUABILITY ASSESSMENT MEASUREMENT FRAMEWORK (CONT'D)

DOMAIN	DEFINITION	ITEMS
Project Readiness	Project readiness addresses elements (e.g., structural, practices) that need to be in place for conducting a rigorous evaluation. This includes existing support for implementing and evaluating the LSC program, operational readiness, program scale, maturity, and stability.	▪ The project's intentions for expanding and/or improving its activities are clearly planned out, sufficiently resourced, and feasible. ▪ The project activities are being delivered at a scale that allows for reasonable outcome measurement. ▪ The project activities will likely undergo additional refinements or changes.
Evaluation Readiness	Evaluation readiness addresses prior experience with process and outcome evaluation, including evaluation resources, structure, capacity, proposed timeframe, and capacity to engage in a rigorous impact evaluation. In addition, whether the program has an evaluation partner/team in place that has the experience and skills necessary for that type of evaluation.	▪ The project staff have the resources to partner with an external evaluator to plan and implement an outcome evaluation. ▪ The project has internal evaluation capabilities and processes in place to allow for clear communication with an evaluation partner(s). ▪ Project staff and stakeholders have identified evaluation questions that are clear and cover what they want to learn about the project. ▪ Outcomes are relevant to the project activities and clearly expressed in the project's logic model. ▪ The project activities are being implemented such that periods of baseline and follow-up data collection can be defined for evaluation purposes. ▪ There is agreement and commitment from all necessary project staff and stakeholders regarding the collection and use of data. ▪ The project has a demonstrated capacity to generate data (e.g., client records, survey data, progress reports, etc.) that can be exported to others for evaluation use. ▪ There is allocation of a reasonable level of resources (e.g., staff time) to support an outcome evaluation at the project level.

from the Montana and Virginia sites as part of the original evaluation design. These data, including key informant interviews, planning and implementation documents, and observations, will be incorporated to provide context for the first cohort of demonstration sites. In addition to mining relevant existing data sources, quantitative data were collected from project staff at each of the four demonstration sites through the EA questionnaire and follow-up interviews with project staff and partners in the second cohort of demonstration sites. Exhibit 31 provides a list of the sources used to inform the findings for each cohort.

A measurement framework based on the three domains assessed in the evaluability assessment questionnaire guides this assessment. Exhibit 32 displays the three domains of the questionnaire, how the domains are defined, and the items contained in the domain. This framework served as the basis for the development of the questionnaire protocols and for the follow-up interview guides, as well as the framework used for mining the data from the annual interviews, documents, and observations.

EVALUABILITY ASSESSMENT QUESTIONNAIRE

The Evaluability Assessment Questionnaire was adapted from the Impact Evaluability Assessment Tool developed for the Corporation for National and Community Service (CNCS; Corporation for National and Community Service, 2014). This tool provided a comprehensive assessment through the items in each of the three measurement domains and the ease with which the tool could be administered to participants (e.g., online survey) in a short period. The tool aimed to assess site-level, project, and evaluation readiness to conduct rigorous experimental and quasi- experimental evaluations and to increase the capacity of CNCS grantees to measure the effectiveness of their program's outcomes. In order to ensure that the tool was relevant to the status of the demonstration sites, it was reviewed thoroughly and several adaptations were made. First, the three main domains of the tool were adapted to better align with the language of the demonstration sites. Second, several items were removed, including items that assessed perceptions of a proposed evaluation partner and evaluation logistics. Finally, several items were revised to align with the language used by the LSC sites. For example, items that assessed leadership support were adapted to capture site-level leadership instead of organizational leadership, as each site's leadership structure varies.

SurveyMonkey, an online survey tool, was used to administer the questionnaire to staff in all four demonstration sites. Staff included members of the core project team, including grantee and contracted agency representatives, contractors, and research partners. Participants were instructed to rate statements within each domain using an ordinal scale of 1 to 3 (1 = "not at all true"; 2 = "somewhat true"; and 3 = "true"). If staff members are not familiar with what is in the statement, they are asked to choose "don't know." ICF used this scale in order to increase the clarity of meaning of the response options and minimize response shortcuts; that is, a 3-point scale prevented them from selecting the first reasonable response to avoid reading the rest of the options if they are provided with more options (e.g., a 5- and 7-point Likert scale) (Krosnick & Fabrigar, 1993). Respondents were directed to select only one response and did not see any numeric rating once their response is selected. Participants were also provided with a space to make additional open-ended comments following each domain.

The questionnaire was administered to all staff at each demonstration site (N = 19) on January 14, 2019. Participants had four weeks to complete the survey. ICF sent three rounds of reminders through email and reminded staff during monthly site calls and site visits before closing the survey on February 8, 2019. A total of 17 (89.5 percent) staff across all of the four demonstration sites completed the survey. Due to differences in the size of the site teams, the number of participants who completed the survey at each site ranged from two to five.

Quantitative data collected from the Evaluability Assessment Questionnaire were coded using a simple scoring method for each individual statement and analyzed using descriptive statistics. Statements within each of the three measurement domains were coded based on participants' responses, using a set of score limits based on the difference between choosing "not at all true" and "true." Responses of "not at all true" are scored as 1.0–1.5, responses of "somewhat true" are scored as 1.6–2.5, and responses of "true" are scored as 2.6–3.0. A wider range was assigned to responses of "somewhat true" to differentiate it from the "not true" and "true" values because these values are perceived as tautological options. Answers of "don't know" were excluded from analyses.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Using the individual item scores, an overall score for each demonstration site was calculated by adding actual scores under each readiness domain divided by the maximum score achievable for the entire questionnaire. For example, a score of 100 percent for site-level readiness means that a site indicated that all the statements in the site-level readiness domain are "true," and that they have the structural capacities and procedures in place to implement and conduct an evaluation assessment of framework. Each site's overall evaluability assessment score was calculated to determine the existing capacity for an evaluation within the demonstration sites, covering the aspects of site-level readiness, project readiness, and evaluation readiness. Exhibit 33 provides the scoring range of the overall evaluability assessment scores.

EXHIBIT 33. EVALUABILITY ASSESSMENT SCORING RANGES

SCORE	DECISION
<50%	An evaluation cannot take place without significant modifications to the assessed component.
50%–79%	An evaluation can take place with moderate modifications to the assessed component.
80%–100%	The assessed component is ready for an evaluation.

EVALUABILITY ASSESSMENT FOLLOW-UP INTERVIEWS (COHORT 2)

ICF conducted key informant interviews during in-person site visits in January 2019 to explore evaluation capacity, readiness, and feasibility, and to review evaluability assessment ratings with select project staff and partners from the Illinois and Ohio sites following the administration of the Evaluability Assessment Questionnaire. Informed consent is obtained verbally and interviews are audio recorded with participants' consent. The semi-structured interview protocol included questions intended to obtain additional information about their ratings on the evaluability assessment, particularly on the sites' capacity to support an outcome evaluation, including details about the resources and capabilities that exist in each site, specific outcomes and availability of data, and considerations for evaluation design. The interview protocol is also tailored to each participant, based on responses to the questionnaire, including probes used to elicit additional details where necessary. The interview guide provided a common set of questions for all participants and left room to explore new areas that might emerge. A contracted service transcribed each follow- up interview, and the evaluation team reviewed the transcripts.

ANNUAL KEY INFORMANT INTERVIEWS (COHORT 1)

Annual key informant interviews were conducted with project staff and partners at the Montana and Virginia sites at baseline (2015) and on an annual basis for the three years of the project (2016–2018) to document and describe each site's process of developing and implementing the demonstration project. Baseline interviews were conducted with core members of each site's project team over the phone to obtain background information about the grantee organizations and gather information about the initiation of each site's project. Annual key informant interviews were conducted in person and via phone with project staff and key project partners in both demonstration sites. Potential interview participants were contacted via email to schedule an in-person interview during an annual site visit. Interviews were scheduled at each participant's convenience, and additional outreach was conducted to confirm interview times and provide reminders. Phone interviews

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

were scheduled with participants who are unavailable during the annual site visits. Interview protocols are semi-structured in nature and adapted from another evaluation of a similar project. The purpose of the annual interviews is to examine stakeholder perceptions of the project, levels of collaboration, helpful facilitators of the project's success, strengths and challenges, lessons learned, and goals for the future. Interviews are audio recorded, if the interviewee consented, and transcribed.

PLANNING AND IMPLEMENTATION DOCUMENTS

Key planning and implementation documents were reviewed to record the activities that occurred as part of each site's planning and implementation phases to identify the core components of each site's approach for linking systems of care. Various project-related documents were obtained from all four funded sites, including grant proposals, progress reports, performance measures, marketing or branding materials, publications (e.g., newsletters, reports), memoranda of understanding (MOU), screening tools, training materials, and other relevant documents. These documents provided valuable information about the sites' approaches, implementation plans, and resources that could support an outcome evaluation (e.g., data collection plans, staff qualifications).

PARTICIPANT AND PROGRAM OBSERVATIONS

In order to track the sites' progress in developing and implementing their approaches, participant and program observations were collected during various project activities (e.g., monthly conference calls, site visits, all-site meetings). Observations were conducted by evaluation team members who passively observed and took notes during project activities, communication, decision-making, and partner interactions and engagement.

Analysis Strategy

Quantitative and qualitative data analysis are presented by site. The discussion begins with each site's overall evaluation capacity score, calculated using average scores from the questionnaire. The findings are presented by site drawing on quantitative and qualitative data for each measurement domain. Quantitative data, including overall evaluation capacity scores, domain readiness scores, and item averages, from the questionnaire were analyzed using descriptive statistics. Overall evaluation capacity scores were calculated using weighted averages due to the variation in sample sizes (i.e., number of questionnaire participants per site) and differences in participant responses potentially skewing the findings from site to site. These scores are presented using percentages by site, cohort, and domain. Similarly, domain readiness scores are presented using percentages by site and cohort. Finally, individual item averages are presented by site and domain, followed by a discussion of findings from the qualitative data.

Qualitative data—including data from interviews, documents, and program and participant observations—were analyzed to identify patterns and themes that could provide context and depth to the quantitative findings. Interview data were analyzed using a sorting procedure that calls for searching patterned regularities in the data (Guest, 2012). Interviews were analyzed to identify common themes and patterns that would provide an understanding of the experiences of the participants regarding the readiness of their demonstration site. Responses are then compared to the broader themes of site-level, project, and evaluation readiness to identify emergent themes within each demonstration site. The analysis process is guided by an informally implemented thematic analysis, a qualitative methodology with the goal of identifying themes across data (Guest, 2012). This method seemed most appropriate

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

for exploring sites and their readiness to undertake evaluation as a part of the project. Documents and observational data are reviewed and analyzed to identify a priori theme related to the domains and items from the Evaluability Assessment Framework.

The following section presents the results of the evaluability assessment for the four demonstration sites. The findings are organized by demonstration site and further by evaluability domain. Both quantitative and qualitative data are used to describe each site's strengths and areas of growth in each of the assessment domains.

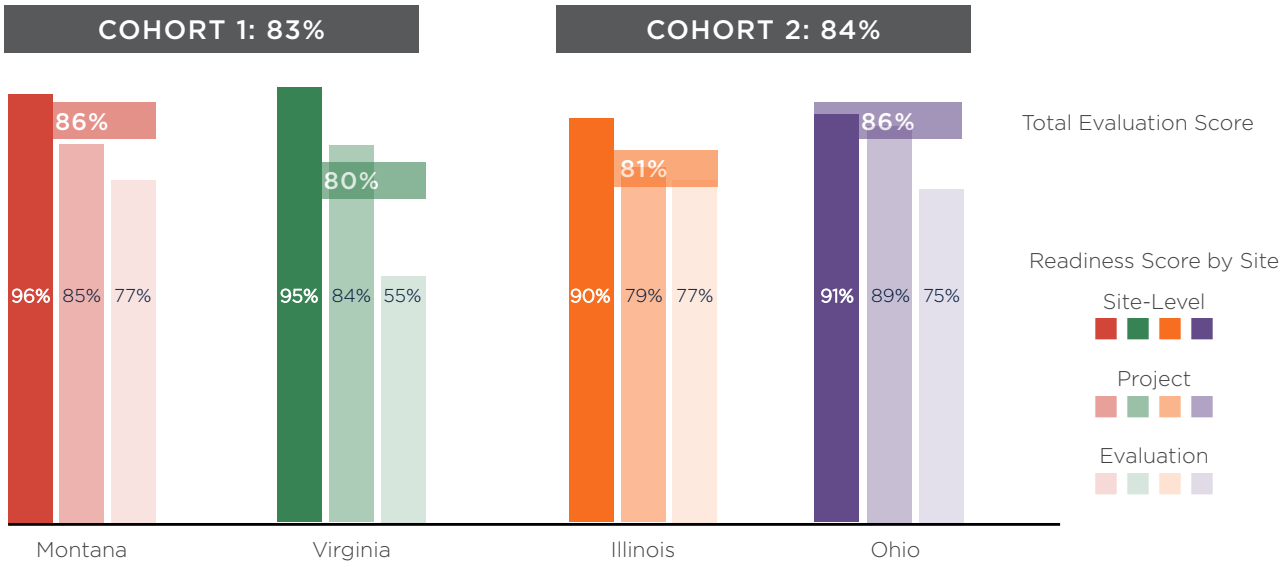
Findings

This section discusses the findings from the evaluability assessment, beginning with a discussion of the overall evaluation capacity scores and findings from the questionnaire data. Quantitative and qualitative findings are then presented for each site by measurement domain.

Overall Evaluation Capacity Scores by Site and Cohort

The overall evaluation capacity scores are presented by the site, cohort, and readiness domain in Exhibit 34. For Cohort 1, the overall readiness score is 83 percent, with Montana and Virginia scoring 86 percent and 80 percent, respectively. For Cohort 2, the combined average score is 84 percent, with Ohio and Illinois scoring 86 percent and 81 percent, respectively. These findings suggest that each site perceives they are ready to participate in an outcome evaluation. Overall, participants reported that their sites are ready to participate in an outcome evaluation. They perceived that their site is committed to evaluation and that their programs are sound theoretically, structurally, and operationally. But they are only moderately confident that they have the capacity and resources to support an outcome evaluation. The sites' scores are relatively consistent across the first domain, but scores on the project and evaluation readiness domains are notably different across

EXHIBIT 34. OVERALL EVALUATION CAPACITY SCORES



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

the cohorts. For project readiness, Illinois (79 percent) rated its readiness lower than Ohio (89 percent), Montana (85 percent), and Virginia (84 percent). Similarly, Montana (77 percent), Illinois (77 percent) and Ohio (75 percent) rated their evaluation readiness higher than Virginia (55 percent) which suggests more evaluation capacity related to operational readiness and data collection infrastructure.

SITE-LEVEL READINESS

Site-Level Readiness	
Cohort 1: Montana/Virginia	95%
Cohort 2: Illinois/Ohio	91%

Using the evaluability assessment criteria for site-level readiness within Cohort 1, Virginia and Montana scored 95 percent and 96 percent respectively, and in Cohort 2, Illinois and Ohio scored 90 percent and 91 percent respectively. At the cohort level, participants in Cohort 1 indicated their level of readiness was slightly higher (95 percent) over Cohort 2 (91 percent). Overall, sites' level of readiness indicated that from their perspective an outcome evaluation could be implemented. Even though the difference is minimal, it is possible that Cohort 1 has a slightly higher level of readiness due to its tenure in the LSC project and having more time to establish some leadership support and systems and processes around data sharing, information gathering, and learning.

PROJECT READINESS

Project Readiness	
Cohort 1: Montana/Virginia	85%
Cohort 2: Illinois/Ohio	84%

Participants in Cohort 1 and Cohort 2 rated the project readiness domain similarly, 85 percent and 84 percent, respectively. Both sites scored within the evaluability assessment criteria that their project theoretically, structurally, and operationally is ready for an evaluation to take place. At the site level, within Cohort 1, Virginia and Montana score 84 percent and 85 percent respectively, while in Cohort 2, Illinois (79 percent) and Ohio (89 percent) are slightly more variable. Although all sites' ratings indicate that the projects are ready to participate in evaluation, Cohort 1's scores are very close to the average score for Cohort 2. The level of readiness for Cohort 1 is similar to Cohort 2 due in part to the lower rating by the Illinois demonstration site lowering the combined average.

EVALUATION READINESS

Evaluation Readiness	
Cohort 1: Montana/Virginia	66%
Cohort 2: Illinois/Ohio	76%

Participants in Cohort 2 gave the evaluation readiness domain a higher overall score than Cohort 1 (76 percent versus 66 percent). Scores for both cohorts indicate that with moderate modifications to their evaluation capacity, sites would be able to participate in an outcome evaluation; however, when looking at the site level, within cohort, in Cohort 1, especially Virginia with its score of 55 percent, there appears to be a significant need for improvements to its evaluation capacity. For Cohort 2, scores for Illinois (77 percent) and Ohio (75 percent) indicate having greater evaluation readiness but still needing moderate modifications to their current evaluation capacity.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Evaluability Results by State and Measurement Domain

The next sections describe evaluability assessment findings for each of the four demonstration sites. For each site, the quantitative data from the questionnaire are presented first, followed by qualitative data from interviews, documents, and key observations to provide context.

MONTANA

Members of the Montana site team believed they possess some of the components necessary to participate in an outcome evaluation, including leadership support for evaluation, infrastructure for data collection and analysis, logic model and implementation plan, and resources for internal evaluation activities. However, the site is currently piloting its approach, which may complicate the development of a rigorous outcome evaluation design due to challenges collecting baseline data.

Site-Level Readiness

Montana's site-level readiness score is 96 percent, indicating that participants believed that an outcome evaluation is possible. When asked to rate the 8 items that make up the site-level readiness domain (see Exhibit 35), average scores on all items ranged from 2.7–3.0, with an overall average of 2.9. These scores indicate that participants believed that their site is ready to participate in an outcome evaluation. Specifically, the demonstration site believed it had the following components: leadership

EXHIBIT 35. MONTANA SITE-LEVEL READINESS SCORES

SITE-LEVEL READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
There is support for the evaluation and evaluation capacity building, as needed, among site- level project leadership.	3	3.0
Site-level project leadership demonstrates commitment to evaluation and evidence-based or data-driven decision-making.	3	3.0
Site-level project leadership supports staff positions/activities that focus on evaluation, learning, and improvement.	3	3.0
Site-level project leadership demonstrates interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness.	3	2.7
Project staff and stakeholders have opportunities to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.	3	3.0
Project staff make decisions based on regular assessment and use of data, information, evidence, and feedback.	3	2.7
Site-level project leadership is willing and committed to devoting necessary resources (e.g., staff time and financial or other non-financial resources) to the evaluation.	3	2.7
There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.	3	3.0

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Key Qualitative Findings

- Montana has leadership support from key state, local, and tribal partners.
- Montana utilized data from their needs assessment to inform their approach.
- Montana developed a key partnership with researchers to collect and analyze data from their needs assessment and piloting efforts.

support, commitment to evaluation, interest in learning about the effectiveness of their approach, opportunities to share information and make informed decisions, making decisions on regular assessment and use of data, leadership willing and committed to devoting necessary resources, and systems, structures, tools, and processes in place for data collection.

When provided the opportunity to comment on their site's readiness, members of the site team expressed concerns that some of the items related to site readiness seemed to be double-barreled. For example, the site team expressed concern about the item regarding leadership commitment to evaluation and evidence-based decision-making as it appeared to address two separate concepts. Additionally, the respondents expressed concern about the inclusion of staff and stakeholders in the item regarding opportunities for information sharing.

As documented in the site's progress reports and described during interviews, the Montana site planned to engage members of an existing state-level committee that was already doing this type of work; however, the committee disbanded before the project began. The site solicited representatives from state, local, and tribal organizations by invitation to serve on the state's Stakeholder Group and later Advisory Group. Through these partners, the site obtained key leadership support for its project work from child-serving systems, local service providers, and tribal organizations. During interviews, the site and stakeholders acknowledged this support as a strength of the project but described challenges that impacted stakeholder engagement and commitment (e.g., workload, travel distances). As such, stakeholder engagement varies, and stakeholders do not appear to be directly involved in project decision- making. The site sought letters of support that outlined expectations for involvement from members of the Advisory Group. The site holds monthly meetings via Zoom and provides opportunities for stakeholders to engage in additional, topical workgroups. The site opted for a relatively unstructured approach for engagement, but it appears to have adequate support for project activities at state and local levels.

Members of the Montana team perceived they have the necessary commitment to data-informed decision-making, interest in learning about the effectiveness of their approach, and infrastructure for data collection. During interviews, members of the team explained that the results of their needs assessment impacted their decision-making about the direction of their project, specifically regarding the community-specific resource matrices. Their original plan was to develop one statewide resource guide, but they shifted to developing individual community-specific guides as awareness of specific resources is identified as a key gap. They also described plans to use data from the screening tool to document the scope of trauma in the state.

The site contracted with researchers from the CRG at the University of Montana from the beginning of the project to support data collection and analysis efforts, including needs assessment activities and screening tool piloting. For the site's needs assessment, CRG developed and lead survey and focus group data collection efforts that informed the developed of the site's approach, including providing support for the development of the screening tool and community-specific resource

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

matrices. In addition, CRG is responsible for data collection, storage, and analysis of screening tool data from the site's pilot efforts. These data include demographic information, responses to screening questions, and whether a referral is made. The site conducted some preliminary analyses of the data and, while preliminary, these analyses demonstrate the site's capacity to collect and analyze data that could be used to support an outcome evaluation. The site's partnership with CRG provides research expertise and ensures capacity for quantitative and qualitative data collection and analysis efforts. In addition to support from CRG, the site plans to integrate its screening tool into Connect (the state's consented referral system), which will provide additional data collection infrastructure. Through this system, the site will be able to track completed screenings, referrals made, and whether the referrals resulted in receipt of services. When this infrastructure is set up, it will provide valuable data on the outcomes of screenings conducted in the state.

These findings demonstrate that the site has the necessary leadership support for the project and sufficient support for evaluation among project leadership, and may have the necessary infrastructure for data collection and analysis; however, the site's plans to integrate its screening tool into the consented referral system have not been finalized or implemented. As such, it is unclear when this potential data collection infrastructure will be available to support an outcome evaluation.

Project Readiness

Montana demonstration site's project readiness score is 85 percent, indicating fairly high but somewhat lower ratings across the items in this domain compared to site-level readiness. (Note that the number of participants who completed the program readiness section dropped from three participants to two.) The average rating, which is calculated using each individual item score and weighted for the number of responses, of 2.6 puts them in the "true" category for project readiness (see Exhibit 36). M embers of the site team believe they definitely elements of project readiness, represented by average ratings of 3.0, including: having a clearly articulated project logic model, a shared understanding among all parties about the core elements of the project and the context in which the project operates, interest and support (e.g., seeing value) among staff and stakeholders to conduct an evaluation, and somewhat of an understanding that project activities would likely undergo additional refinements or changes in the future. On all other project-level readiness elements, the members of the site team believe only somewhat (average ratings of 2.0–2.5) they have sufficient project readiness. Items include clearly articulated and attainable goals with the available resources, implementation fidelity based on their logic model, or that there are enough qualified frontline staff members on site to implement the planned project activities.

When provided the opportunity to comment on the sites' project readiness, the respondents reported that they believed it would be premature to conduct an outcome evaluation now as they had 16 months of funding remaining for their project. There are very few aspects of a demonstration project that can be defined "clearly."

Although the Montana site is not relying on an existing program design or model, the site developed and began pilot testing an approach for linking systems of care that address gaps

Key Qualitative Findings

- Montana has an implementation plan and logic model.
- Montana appears to lack consensus regarding the project's goals and intended outcomes.
- Montana is currently collecting data to track its piloting efforts.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 36. MONTANA PROJECT READINESS SCORES

PROJECT READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
Project activities are designed to address a clearly identified and defined problem or need.	2	2.5
The project has a logic model that outlines the logical connection between project activities and the intended outcomes or desired changes of the project/program.	2	3.0
Goals and objectives are clearly articulated and attainable with the available resources.	2	2.0
There is agreement across the project staff and stakeholders as to what the expected program outcomes are.	2	2.5
There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short-, intermediate-, or long-term will occur.	2	2.5
There is a shared understanding among project staff and stakeholders about the core elements of the project and the context in which the project operates.	2	3.0
There is interest and support among project staff and stakeholders in conducting an outcome evaluation.	2	3.0
Stakeholders see the value of evaluation and have ideas about how the project could benefit.	2	3.0
The project is being implemented according to the logic model and using a well-planned sequence of activities.	2	2.0
Project staff are qualified and properly trained to operate the program.	2	2.5
There are enough qualified frontline staff members on site to implement the planned project activities.	2	2.0
Data that track implementation of project activities are being collected (e.g., screening tool administration, referral tracking).	2	2.5
Input is sought regularly to understand the experiences of those participating in the project activities and to identify and address any problems in a timely manner.	2	2.5
The project's intentions for expanding and/or improving the project activities are clearly planned, sufficiently resourced, and feasible.	2	2.5
The project activities are being delivered at a scale that allows for reasonable outcome measurement.	2	2.5
The project activities will likely undergo additional refinements or changes.	2	3.0

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

identified during the needs assessment activities, as documented in the needs assessment report. Specifically, the approach includes a screening tool, community-specific resource matrices, training, and policy analysis. The screening tool is intended to improve the identification of victimization among youth through universal screening. The community-specific resource matrices are intended to promote referrals to appropriate services according to the needs identified through the screening tool. Together, these components should improve identification of children and youth who have experienced victimization, facilitate appropriate referrals to meet their service needs, and ensure proper implementation of the approach using best practices related to research ethics and trauma-informed care. The site is currently pilot testing these efforts in two pilot areas and plans to conduct additional pilot testing prior to statewide implementation. As such, the site has yet to implement the approach fully, but may achieve full implementation following the current plan.

Members of the site team generally believe their project is ready to support an outcome evaluation. The team has a logic model that outlines the logical connection between their activities and goals. However, they are less confident that they have clearly outlined goals and objectives due to the lack of clarity inherent in demonstration projects. This lack of clarity may be complicated by a lack of clarity in the site's logic model and a lack of consensus across project stakeholders, as documented in interviews. The site's logic model outlines several short-term outcomes, including increasing the number of workgroups, systems, and agencies using the screening tool, children screened and referred, and number of M OUs between agencies; however, these appear to be outputs instead of outcomes as they focus on increasing numbers of people involved or activities completed (e.g., screenings). The site's long-term outcomes include some additional potential outputs (e.g., increasing the number of screening tool administrators and the number of children screened for trauma and victimization), as well as several outcomes, such as reducing barriers to access services, increased coordination and collaboration between agencies, and systemic change surrounding services. Although there are outputs mixed in with these in the long term, they have face validity (i.e., appear to be related to the intended goals), but are not sufficiently detailed to determine whether they can be reliably or validly measured. Relatedly, there appears to be a lack of consensus among the site team and stakeholders regarding the project's goals and specific outcomes. During interviews, some team members described the goals and outcomes of the project as increasing the detection of trauma and ensuring access to appropriate services through the screening tool and integration with Connect. Others, including several stakeholders, explained that the project is about increasing community awareness about trauma and reducing the stigma of seeking help. While these goals and outcomes may not be exclusive, the differences in perspectives among the site team and stakeholders suggest there may be some confusion regarding the project's specific outcomes and how these outcomes will be accomplished.

In addition, members of the team are less confident that they have the right mix of qualified staff to operate the program or enough frontline service providers to implement the planned activities. Despite the diverse mix of stakeholders, the site appears to lack some direct service experience. During interviews, stakeholders reported providing guidance and feedback based on their own expertise, but noted the value of direct service experience. The team described challenges obtaining buy-in from potential pilot organizations. Through the site's needs assessment activities, they documented gaps in the availability and accessibility of services. While the site hopes to

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

address some of these gaps, the gaps impact the site's ability to identify frontline champions to support its work.

Through the partnership with CRG and current data collection activities, the team is collecting data necessary to track the implementation of the project and gathering feedback to identify and resolve problems with implementation. The site is currently collecting data from the completed screenings and collected one round of feedback from the pilot sites. These data are collected by screening tool administrators and returned to CRG for analyses. The site plans to collect additional rounds of feedback and hopes to integrate its screening tool into the state's consented referral system, which could serve as a valuable source of data for the project.

These findings demonstrate that the site has some necessary components of project readiness to participate in an outcome evaluation. While the site has a logic model and implementation plan that may result in full implementation, the site may lack clearly articulated goals and outcomes and a sufficient number of frontline service providers to implement the project.

Evaluation Readiness

The site's evaluation readiness score is 77 percent, putting them in the category of needing moderate modifications to five of the eight evaluation readiness dimensions. In an addition, Montana's overall score is 2.4 with average scores on individual items ranging from 1.5-3.0, see Exhibit 37. As reported on the questionnaire, members of the Montana team generally perceive they have some of the key components necessary to participate in a rigorous outcome evaluation. Where the Montana site believes it is ready (averages scores are 3.0), is in its commitment from all parties about the collection and use of data and the project has demonstrated capacity to generate data that can be used for evaluation. Where the team feels

EXHIBIT 37. MONTANA EVALUATION READINESS SCORE

EVALUATION READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
The project staff have the resources to partner with an external evaluator to plan and implement an outcome evaluation.	2	2.0
The project has internal evaluation capabilities and processes in place to allow for clear communication with an evaluation partner(s).	2	2.5
Project staff and stakeholders have identified evaluation questions that are clear and cover what they want to learn about the project.	2	2.0
Outcomes are relevant to the project activities and clearly expressed in the project's logic model.	2	2.5
The project activities are being implemented such that periods of baseline and follow-up data collection can be defined for evaluation purposes.	1	1.5
There is agreement and commitment from all necessary project staff and stakeholders regarding the collection and use of data.	2	3.0
The project has a demonstrated capacity to generate data (e.g., client records, survey data, progress reports) that can be exported to others for evaluation use.	2	3.0
There is allocation of a reasonable level of resources (e.g., staff time) to support an outcome evaluation at the project level.	2	2.0

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

it has some readiness is having the resources to partner with an external evaluator, internal evaluation capabilities, evaluation questions, and a reasonable allocation of resources to support an outcome evaluation. In only one area did the team indicate they had low levels of readiness with respect to the ability to determine baseline and follow-up data collection periods. When provided the opportunity to comment on the sites' evaluation readiness, participants noted that the survey asks whether there are sufficient resources available to support an evaluation but does not identify the amount of resources necessary. They noted that the questions were "impossible to answer accurately."

The site's belief that they have the necessary resources to participate in an outcome evaluation is supported by the site's most recent grant proposal, which includes a discussion of planned evaluation activities that suggests the site has set aside some resources to support research and evaluation. Specifically, the site proposes conducting an internal project evaluation led by CRG to assess the administration processes of the screening tool. The site also proposes a cost-benefit analysis, data analysis of collected screener data, and family interviews that will be used to disseminate information to stakeholders. The site provided relatively little detail regarding this internal project evaluation, and the planned activities do not appear to include assessment of outcomes; however, setting aside resources to support evaluation suggests that the site is considering the importance of evaluation and may be able to partner with an external evaluator.

In addition, the site's partnership with researchers from CRG suggests the site may have the necessary internal evaluation and research capacity. M embers of the team from CRG are equipped and knowledgeable about collecting and analyzing data as demonstrated by the sites' needs assessment activities and described during interviews.

Key Qualitative Findings

- Montana plans to conduct evaluation activities and set aside resources to support research and evaluation.
- Montana appears to possess some internal evaluation capabilities through its partnership with CRG.
- Montana appears to lack clear outcomes and may face challenges in identifying appropriate data collection periods.

Additionally, the site's potential partnership with the state's consented referral system could provide valuable data to assess outcomes. While this partnership has not completely materialized to date, the site is optimistic and has begun to prepare by setting aside resources and developing key relationships.

As noted previously, the site developed and updated a logic model for the project that includes goals and short- and long-term outcomes; however, these outcomes focus on increasing the number of activities completed and may not provide enough detail to develop research questions or design data collection instruments. In addition, it is difficult to determine an appropriate evaluation design due to potential challenges collecting baseline data. For example, it may be a challenge for an evaluator to identify a clear baseline given that the site already began piloting its approach.

VIRGINIA

Members of the Virginia site team believe they possess some of the components necessary to participate in an outcome evaluation. Those include leadership support for evaluation, logic model and implementation plan, clear research questions, and resources to participate in an outcome evaluation; however, the site appears to lack data collection infrastructure, clearly articulated goals and long-term outcomes, and consensus about what the project can feasibly accomplish. In addition, the site is currently

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

piloting its approach, which may complicate the development of a rigorous outcome evaluation design.

Site-Level Readiness

The site's overall site-level readiness score is 95 percent, and the team believed they had all the necessary components for site-level readiness to participate in an evaluation (see Exhibit 38). Represented by average scores of 2.5-3.0, the site team believed they had the components to support an evaluation: leadership support, commitment to evaluation, interest in learning about the effectiveness of their approach, opportunities to share information and make informed decisions, making decisions on regular assessment, and systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.

When provided the opportunity to comment on their site's Site-Level Readiness, participants explained that they "very strongly support" the national evaluation as they believe it is important to the success of the project. In addition, they explained that they were advised to stick to the evaluation of their screening tool at the state level due to their belief that the national evaluation would provide information regarding outcomes.

From the beginning of the project, the Virginia site built relationships and obtained support from key state-level decision-makers, including members of PAT, and gained buy-in from local service providers in pilot areas. During interviews, members of the team described this support and noted its importance during planning and implementation, as it facilitated the successful completion of activities and deliverables. The site also established formal agreements with members of PAT and pilot communities, maintained a regular meeting schedule, implemented structured decision-making processes, and requires PAT approval of all materials to ensure consensus. Support from

EXHIBIT 38. VIRGINIA SITE-LEVEL READINESS SCORES

SITE-LEVEL READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
There is support for the evaluation and evaluation capacity building, as needed, among site-level project leadership.	4	2.8
Site-level project leadership demonstrates commitment to evaluation and evidence-based or data-driven decision-making.	4	3.0
Site-level project leadership supports staff positions/activities that focus on evaluation, learning, and improvement.	4	3.0
Site-level project leadership demonstrates interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness.	4	3.0
Project staff and stakeholders have opportunities to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.	4	2.8
Project staff make decisions based on regular assessment and use of data, information, evidence, and feedback.	4	3.0
Site-level project leadership is willing and committed to devoting necessary resources (e.g., staff time and financial or other non-financial resources) to the evaluation.	4	2.8
There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.	4	2.5

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

state- and local-level stakeholders, combined with the formalized and structured nature of the site's stakeholder group and committees, suggests the site has adequate support for project activities at the state and local level.

While this state- and local-level support is not specific to evaluation, members of the Virginia site's core project team generally perceive they have the necessary support for evaluation, commitment to data-informed decision-making, and interest in learning about the effectiveness of their approach among site leadership. During interviews and monthly site calls, members of the team expressed interest in data collected from the pilot sites, including data collected as part of the original evaluation design. Members of the site team also expressed support for ICF's national evaluation in open-ended responses as part of the Evaluability Assessment Questionnaire and reported that they believe it is "crucial" to the success of the project.

Yet, the site is less confident in the availability of systems or processes for data collection or analysis. During the planning phase, the site collected data using surveys and system-mapping events but acknowledged in interviews they could have benefited from the support of a researcher, given their lack of experience with data analysis. Following the planning phase, the site contracted with Virginia Commonwealth University (VCU) to support data collection, analysis, and validation of their screening tool, but the scope of this work is relatively limited, as documented in the M OU with VCU. Specifically, the site contracted researchers at VCU to assist with evaluating the reliability and validity of the screening tool, determine the efficacy of the training, and support data storage and analysis of data collected from completed screenings in pilot areas. During interviews, researchers from VCU described their role on the project affirming this limited scope and acknowledging that they did not have plans to engage in additional research activities. As such, their involvement has been relatively limited to date and they have not been actively engaged in project work. In addition to this limited involvement of researchers from VCU, the site lacks support for systematic data collection as a result of the change in the design of the national evaluation.

Members of the site team noted the impact of the change in the evaluation design in their responses to open-ended questions and explained that they have devoted minimal effort to evaluation of their project beyond the validation of their screening tool as they believed the ICF national evaluation would provide outcome data.

These findings demonstrate that the site has the necessary leadership support for the project and may have sufficient support for evaluation among project leadership but lacks the necessary systems and structures for data collection and analysis in its current plans.

Key Qualitative Findings

- Virginia has obtained key leadership support from state- and local-level decision-makers.
- Virginia demonstrated commitment to data-informed decision-making and interest in learning about the effectiveness of its approach.
- Virginia appears to lack infrastructure for data collection or analysis.

Project Readiness

The Virginia demonstration site's project readiness score is 84 percent, much like Montana, indicating fairly high but somewhat lower ratings across the items in this domain compared to site-level readiness. The average rating of the site (2.5) puts it in the "somewhat true" category for project readiness (see Exhibit 39). Represented by average ratings of 2.0–3.0, the Virginia team reports project capacity, especially the areas of having clearly identified problems and associated activities, a clearly articulated project logic

model, goals and objectives that are clearly articulated and attainable with the available resources, implementation according to the logic model using a well-planned sequence of events, and an understanding that project activities would likely undergo additional refinements or changes in the future.

When provided the opportunity to comment on the sites' project readiness, the team explained that it is their understanding that outcome measurement is being conducted by the national evaluation. Because of the change in the evaluation design, the site is now considering other options for assessing outcomes.

EXHIBIT 39. VIRGINIA PROJECT READINESS SCORES

PROJECT READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
Project activities are designed to address a clearly identified and defined problem or need.	3	3.0
The project has a logic model that outlines the logical connection between project activities and the intended outcomes or desired changes of the project/program.	3	2.0
Goals and objectives are clearly articulated and attainable with the available resources.	4	2.8
There is agreement across the project staff and stakeholders as to what the expected program outcomes are.	4	2.5
There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short-, intermediate-, or long-term will occur.	4	2.5
There is a shared understanding among project staff and stakeholders about the core elements of the project and the context in which the project operates.	4	2.8
There is interest and support among project staff and stakeholders in conducting an outcome evaluation.	3	2.3
Stakeholders see the value of evaluation and have ideas about how the project could benefit.	4	2.5
The project is being implemented according to the logic model and using a well-planned sequence of activities.	3	2.3
Project staff are qualified and properly trained to operate the program.	4	2.8
There are enough qualified frontline staff members on site to implement the planned project activities.	4	2.3
Data that track implementation of project activities are being collected (e.g., screening tool administration; referral tracking).	4	2.3
Input is sought on a regular basis to understand the experiences of those participating in the project activities and to identify and address any problems in a timely manner.	4	2.8
The project's intentions for expanding and/or improving the project activities are clearly planned out, sufficiently resourced, and feasible.	4	2.5
The project activities are being delivered at a scale that allows for reasonable outcome measurement.	3	2.3
The project activities will likely undergo additional refinements or changes.	4	3.0

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

The Virginia site developed and implemented an approach for linking systems that incorporates a screening tool, resource guides, training, and policy analysis. At the time of this report, the site is pilot testing its screening tool. Together, these components addressed the need to improve coordination among child-serving systems in the state that were identified during the site's needs assessment activities. Specifically, the screening tool was developed to address the large variation in screening procedures across agencies and facilitate the collection of similar information. The resource guides were developed through resource- mapping events that served to connect individual service providers, improve awareness of community resources, and facilitate referrals. Training activities supported both the implementation of the screening tool and resource guides and provided information about best practices in trauma-informed care to build capacity among service providers. Finally, the policy analysis was intended to encourage state-level policy change related to best practices in trauma-informed care. To date, the site has conducted two rounds of pilot testing in four pilot areas and plans to conduct a third round of piloting to gather additional data. Following the completion of the pilot testing, the site plans to implement the approach statewide. If the site follows its current plan, it appears there will be full implementation.

Members of the site team reported mixed perceptions regarding the components of project readiness. Generally, the team believes that their activities are designed to address a defined problem and that there is a clear link between their activities and the project's intended outcomes. The site developed and updated a logic model outlining these components. During the planning phase, the logic model outlined the activities, outputs, and outcomes that would allow the site to develop an approach for linking systems of care. The site updated its logic model for the implementation phase and outlined several activities, outputs, and short- and long-term outcomes of the approach. As depicted in the site's logic model, the short-term outcomes include increasing knowledge among PAT members related to policy, as well as among pilot site staff and service providers related to victimization and local services. The long-term outcomes include the number of policy recommendations made and implemented, as well as the number of collaborative agreements between agencies. The short-term outcomes appear to be relatively clear and feasible, and may be measurable reliably and validly; however, the long-term outcomes do not appear to connect directly to the short-term outcomes. For example, one of the short-term outcomes includes increasing knowledge among PAT members related to policy, while the long-term outcomes include increasing the number of policy recommendations made and implemented. It is not immediately clear how increasing knowledge will result in more recommendations made or implemented and increasing numbers of recommendations appears to be an output (i.e., number of activities completed) instead of an outcome. In addition, the team does not perceive a shared understanding or agreement regarding these outcomes among project staff and stakeholders. During interviews, staff and stakeholders described somewhat different goals and outcomes for the project. While most agreed that the project is intended to keep kids from falling through the cracks by linking systems, some explained that the project is only intended to improve accessibility of services. This lack of consensus may be exacerbated by the lack of clear and measurable long-term outcomes.

Key Qualitative Findings

- Virginia has a logic model that outlines short-term outcomes that appear to be feasible and measurable.
- Virginia appears to lack consensus regarding the project's goals and intended outcomes
- Virginia is collecting data from its piloting efforts that may be useful for an evaluation.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

As noted above, the team is less confident that it has the necessary infrastructure for data collection and analysis; however, the team is currently collecting data from the completed screening tools and feedback from the pilot sites. The site plans to use the data to validate the tool, through its partnership with VCU, and improve the processes. As such, it appears the site will have some of the necessary data to track and then identify and resolve problems with implementation.

These findings demonstrate that the site may be ready to participate in an outcome evaluation. While the site has a logic model and implementation plan that may result in full implementation, the site appears to lack clear goals and long-term outcomes and consensus about what the project can accomplish. Additionally, the site may lack some data collection infrastructure for tracking implementation.

Evaluation Readiness

The Virginia site's evaluation readiness score is 55 percent, putting them in the category of needing moderate to significant modifications to five of the eight evaluation readiness dimensions in order to be ready for an outcome evaluation. It has an overall score of 1.7 and average scores on individual items ranging from 1.3–2.3, see Exhibit 40. The site appears to feel that they have to some extent (average ratings1.7-2.3) identified evaluation questions that are clear and cover what they want to learn about the project, relevant and articulated program outcomes, some demonstrated capacity to generate data (e.g., client records, survey data, progress reports) that can be exported to others for evaluation use, and they have allocated appropriate resources to support an outcome evaluation. The key components necessary to participate in a rigorous outcome evaluation, evaluation questions, and clear and relevant outcomes, However, the team does not believe they have internal evaluation capabilities, the resources to partner with an external evaluator, or the agreement and commitment from all necessary project staff and stakeholders on the collection and use of data (average ratings 1.3-1.5)

When provided the opportunity to comment on their sites' evaluation readiness, the team again reiterated their understanding that the national evaluation would provide an assessment of outcomes for their project. As such, they have not planned or set aside resources to conduct an outcome evaluation internally or by partnering with another evaluator. At the time of this assessment, the site is assessing its options for outcome evaluation.

While the site identified the goals of their project and some short-term outcomes, the site has not yet identified clear long-term outcomes that tie to their short-term outcomes and would result from their project activities. As such, it is difficult to determine appropriate evaluation questions or identify appropriate periods of data collection for an outcome evaluation (e.g., baseline, follow-up). Additionally, the site began to implement its screening tool and resource guides in pilot communities and completed two rounds of pilot testing to date, which further complicates the ability to develop data collection plans that allow for a clean baseline.

The site's perceptions about lacking internal evaluation capabilities and capacity to generate data probably relate to the limited role of the researchers from VCU and a change in the evaluation design. The team, with support from VCU, is collecting completed screening tool data from the pilot area, including demographic information, responses to screening questions, and whether there was a referral. As the site is collecting this data, the team noted that they were asked to limit the scope of the data collection efforts by ICF and NIJ due to the original evaluation design. As such, the site appears to lack the capacity for outcome data collection and analysis.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 40. VIRGINIA EVALUATION READINESS SCORES

EVALUATION READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
The project staff have the resources to partner with an external evaluator to plan and implement an outcome evaluation.	2	1.3
The project has internal evaluation capabilities and processes in place to allow for clear communication with an evaluation partner(s)..	2	1.5
Project staff and stakeholders have identified evaluation questions that are clear and cover what they want to learn about the project.	3	1.7
Outcomes are relevant to the project activities and clearly expressed in the project's logic model.	2	1.7
The project activities are being implemented such that periods of baseline and follow-up data collection can be defined for evaluation purposes.	3	1.7
There is agreement and commitment from all necessary project staff and stakeholders on the collection and use of data.	2	1.5
The project has a demonstrated capacity to generate data (e.g., client records, survey data, progress reports, etc.) that can be exported to others for evaluation use.	4	2.3
There is allocation of a reasonable level of resources (e.g., staff time) to support an outcome evaluation at the project level.	3	1.7

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

These findings demonstrate that the site has some components of evaluation readiness, but may not have the capacity to identify, collect, and analyze data to measure outcomes. While members of the team believe they have clear research questions and may have the resources to participate in an outcome evaluation, their lack of capacity to generate data makes it challenging to design an outcome evaluation. Additionally, it may be difficult to develop a rigorous outcome evaluation due to challenges determining appropriate data collection periods.

Key Qualitative Findings

- Virginia identified some short- term outcomes, but it may face challenges determining appropriate research questions.
- Virginia is collecting data from its piloting efforts, which may be useful for an evaluation.
- Virginia appears to lack capacity for internal evaluation and to generate data.

ILLINOIS

At the time of this report, the site is still finalizing its implementation plan and has yet to make several decisions that could impact a future outcome evaluation design, such as the selection of a community pilot site. M embers of the Illinois site team believe they possess some of the components necessary to participate in an outcome evaluation, including use of data-informed decision-making, infrastructure for data collection, logic model and implementation plan, clear research questions, and resources to participate in an outcome evaluation. However, at this time, the site appears to lack consensus on the timeframe in which outcomes will be achieved or agreement on the collection and use of data.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Site Readiness

The Illinois site's readiness score is 90 percent, and the ratings indicate that participants believed, represented by average scores of 2.4–3.0, that they had the necessary components for site-level readiness, see Exhibit 41. Specifically, the Illinois demonstration site team felt confident that they had the following site-level readiness components: interest in learning about the effectiveness of their approach, opportunities to share information and make informed decisions, and leadership willing and committed to devoting necessary resources, systems, structures, tools, and processes in place for data collection. Illinois staff responses are less confident, represented by average scores of 2.4 to 2.6 in support for devoting necessary resources, the evaluation and evaluation capacity building among site-level project leadership, leadership commitment to evaluation and evidence-based or data-driven decision-making, and staff's ability to make decisions based on regular assessment and use of data, information, evidence, and feedback. The site did not provide any additional comments regarding its site-level readiness.

Data collected through interviews, observation, and document review support the questionnaire findings. Participants indicated that Illinois has the necessary leadership and data systems, structures, tools, and processes in place to manage this project effectively. The grantee, ICJIA, is the state administering agency for several federal criminal justice grants (e.g., Victims of Crime Act and Violence Against Women Act) and the Statistical Analysis Center for justice data and research. ICJIA project leadership have extensive expertise in victim service strategic planning, research, and evaluation, as well as support from community service providers. For example, ICJIA convened quarterly meetings with key stakeholders

EXHIBIT 41. ILLINOIS SITE-LEVEL READINESS SCORES

SITE-LEVEL READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
There is support for the evaluation and evaluation capacity building, as needed, among site-level project leadership.	5	2.6
Site-level project leadership demonstrates commitment to evaluation and evidence-based or data-driven decision-making.	5	2.6
Site-level project leadership supports staff positions/activities that focus on evaluation, learning, and improvement.	5	2.8
Site-level project leadership demonstrates interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness.	5	2.8
Project staff and stakeholders have opportunities to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.	5	3.0
Project staff make decisions based on regular assessment and use of data, information, evidence, and feedback.	5	2.6
Site-level project leadership is willing and committed to devoting necessary resources (e.g., staff time and financial or other non-financial resources) to the evaluation.	4	2.4
There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.	5	2.8

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Key Qualitative Findings

- Illinois has key leadership support from State-level stakeholders
- Illinois has staff with research expertise and infrastructure for data collection and analysis
- Illinois has yet to finalize information sharing agreements.

statewide to understand how victimized children, youth, and families are identified, referred, and served; to identify screening, assessment, referral, and service models being used in Illinois or other states that could potentially be replicated or built upon; and to identify other organizations that should be invited to participate in the network. ICJIA project staff meet regularly with ICJIA evaluation staff, as well as community partners, to share information and make informed decisions. The site plans to hire a System of Care Coordinator who will support ICJIA in coordinating activities between communities and the different systems the site will be engaging. In addition, the site will hire Care Coordinators to assist with identifying ways to connect individuals to services while managing information sharing.

ICJIA team members are discussing expectations for information sharing and research commitment with potential network partners, but do not have M OUs regarding information sharing (e.g., protecting confidentiality of clients). ICJIA is exploring the basis for these concerns and limitations of information sharing, as well as best practices for overcoming these limitations.

Project Readiness

The Illinois demonstration site's project readiness score is 79 percent, indicating that participants felt that there is some level of capacity within the project to participate in an outcome evaluation with some modifications, see Exhibit 42. The Illinois site believes that stakeholders see the value of evaluation and have ideas about how the project could benefit, and that project staff are qualified and properly trained to operate the program (average rating 3.0). On 12 of 16 items, the site believes that it has some project capacity, represented by average ratings of 1.8–2.8, particularly in clearly articulated goals and objectives, interest and support among staff and stakeholders to conduct an evaluation, the scale of the program to support outcome measurement, collecting sufficient project-tracking data, and having plans for expanding the program that are well planned out and resourced. The site has yet to select a demonstration site or fully develop a logic model for its implementation activities. Although the site feels that it has somewhat outlined its project's logic model, the site indicates that there it does not believe that there is agreement across the project staff and stakeholders as to what the expected program outcomes are (average rating 1.5).

When provided the opportunity to comment on the sites' project readiness, the team noted that they found it difficult to respond to the items as they have yet to make many key decisions regarding implementation plans. For example, one participant noted that the site "has not yet begun the action phase of our project," and explained that they are not yet able to discuss specific activities or outcomes that may be needed for an outcome evaluation. In addition, one participant noted that they marked "Don't Know" as there was not an option for does not apply.

Illinois is currently finalizing its action plan and does not have a program design, logic model, timeline for measuring these outcomes, or pilot site in place. Additionally, the site made the intentional decision to rely heavily on community input to drive program planning that meets the needs of specific communities. While this may contribute to delays in decision- making, the site believes this decision will ensure support for its approach and contribute to sustainability. Illinois

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 42. ILLINOIS PROJECT READINESS SCORES

PROJECT READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
Project activities are designed to address a clearly identified and defined problem or need.	5	2.6
The project has a logic model that outlines the logical connection between project activities and the intended outcomes or desired changes of the project/program.	5	2.6
Goals and objectives are clearly articulated and attainable with the available resources.	5	2.8
There is agreement across the project staff and stakeholders as to what the expected program outcomes are.	3	1.5
There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short-, intermediate-, or long-term will occur.	3	1.8
There is a shared understanding among project staff and stakeholders about the core elements of the project and the context in which the project operates.	5	2.5
There is interest and support among project staff and stakeholders in conducting an outcome evaluation.	5	2.7
Stakeholders see the value of evaluation and have ideas about how the project could benefit.	5	3.0
The project is being implemented according to the logic model and using a well-planned sequence of activities.	5	2.4
Project staff are qualified and properly trained to operate the program.	5	3.0
There are enough qualified frontline staff members on site to implement the planned project activities.	4	2.0
Data that track implementation of project activities are being collected (e.g., screening tool administration; referral tracking).	4	1.7
Input is sought on a regular basis to understand the experiences of those participating in the project activities and to identify and address any problems in a timely manner.	5	2.5
The project's intentions for expanding and/or improving the project activities are clearly planned out, sufficiently resourced, and feasible.	4	2.3
The project activities are being delivered at a scale that allows for reasonable outcome measurement.	3	2.0
The project activities will likely undergo additional refinements or changes.	5	2.8

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

has engaged in an extensive planning process, which included meetings with network partners, developing an action plan, and completing a needs assessment and gaps analysis. The action plan identified three components that provide a framework for LSC in Illinois. The first component, recognizing victimization, focuses on ways that adults can identify verbal cues, behavioral cues, and/or other physical indicators of victimization in children and youth. This recognition can provide a means to identify children and youth who may need help without a screening tool, which is typically used once a victim is already involved with an agency or system. The second component, connecting individuals with resources, can then be facilitated at an earlier time point by a variety of stakeholders who interact with children and youth. This leads to the third component, which is engaging support services.

Key Qualitative Findings

- Illinois developed a framework and goals for its project.
- Illinois has yet to finalize its program design, logic model, or implementation plan.
- Illinois plans to conduct an assessment of its implementation activities.

The site's next steps are to continue gathering community feedback and then choose a pilot site. Once a pilot site is chosen, the implementation plan will be tailored to the needs of that specific community. It is important for the grantee to ensure that the partners have a shared understanding about the core elements of the project, agree on the expected outcomes and timeframe for when they will occur, and are trained to complete implementation activities. Illinois plans to train community members to recognize indicators and impacts of trauma, as well as connect children and youth to services, establish a multidisciplinary team to support and reduce the burden on victims and families throughout the service provision process, and continue mapping resources within communities.

While an outcome evaluation would not be feasible currently, the site could participate in a future outcome evaluation. The team does appear to have the appropriate resources available to support an outcome evaluation (e.g., ICJIA project and research personnel, community partners, IT resources) once the site gets past the planning stage. This will include developing an implementation plan and materials consistent with the program design, implementing activities as designed, and collecting data that track project activities. There are several lessons that ICJIA identified during the planning process that are helping to shape the site's approach to linking systems of care. First, potential partners expressed concern with developing a universal screening tool. Second, results from the victim needs assessment indicate that crime victims do not feel comfortable sharing their experiences with a stranger. Rather than developing a screening tool, ICJIA is currently planning to focus on building the capacity of trusted individuals to recognize behaviors that may indicate victimization and connect potential victims to services. Third, there is a structural and political system at work in Illinois that adds barriers to allowing access to victim data.

Although the site has not yet finalized an implementation plan or developed a logic model for its individualized approach, it did identify several potential outcomes that may result from the current plans, which it intends to incorporate into the forthcoming logic model and implementation plan. The site expressed an interest in increasing its capacity by partnering with service providers in that community through the needs assessment and gap analysis, training and technical assistance, and awareness-raising activities. Next, the site plans to increase the number, strength, and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

satisfaction of its partnerships by expanding networking and information-sharing activities, and to increase organizational capacity to provide and sustain coordinated victim services, improve access, and identify and refer victims earlier. This would be achieved through staff training and supervision as well as the development and improvement of services. The site would like to increase feelings of safety, improve healing and well-being, and support self-sufficiency among child and youth victims through victim outreach and engagement, case management, and service delivery.

Evaluation Readiness

The Illinois site's evaluation readiness score is 77 percent, putting them in the category of being ready for an outcome evaluation with an overall score of 2.4 and average scores on individual items ranging from 1.5–3.0, see Exhibit 43. Illinois believes it is "Somewhat True" with respect to having resources itself to partner with an external evaluator, internal evaluation capacity, identified evaluation questions, relevant project outcomes, commitment regarding the collection and use of data, and resources to support an outcome evaluation. The only dimension that Illinois does not believe is true is that the project has a demonstrated capacity to generate data.

When provided the opportunity to comment on the site's evaluation readiness, the site reiterated that it was difficult to respond to these items because many of the key decisions regarding the implementation plans had not been made yet. For example, one participant noted that "changing 'are' to 'will be' would yield many true answers," but explained that they are unable to be specific regarding capacity at this time.

As the Illinois site does not have a program design, logic model, timeline for measuring outcomes, or pilot site in place, the data for an evaluation have not yet been identified, and the site is not ready for evaluation at this time.

EXHIBIT 43. ILLINOIS EVALUATION READINESS SCORES

EVALUATION READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
The project staff have the resources to partner with an external evaluator to plan and implement an outcome evaluation.	3	2.0
The project has internal evaluation capabilities and processes in place to allow for clear communication with an evaluation partner(s)..	5	3.0
Project staff and stakeholders have identified evaluation questions that are clear and cover what they want to learn about the project.	4	2.0
Outcomes are relevant to the project activities and clearly expressed in the project's logic model.	5	3.0
The project activities are being implemented such that periods of baseline and follow-up data collection can be defined for evaluation purposes.	3	2.0
There is agreement and commitment from all necessary project staff and stakeholders on the collection and use of data.	4	2.2
The project has a demonstrated capacity to generate data (e.g., client records, survey data, progress reports, etc.) that can be exported to others for evaluation use.	4	1.5
There is allocation of a reasonable level of resources (e.g., staff time) to support an outcome evaluation at the project level.	5	2.8

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

The site is using a data-driven approach to implementation planning and decision-making. The data collection activities include: interviews with crime victims (ages 18–25) and caregivers for crime victims under age 18, a survey of direct service providers, thematic analysis of meeting minutes, review of administrative data, review of attendance lists for multidisciplinary team meetings, and pre-/post-surveys of trainings. The site plans to explore the availability of case-level data from community partners; a statewide repository of victim services related to domestic violence and sexual assault that tracks service needs, services delivered, and the number of individuals who are accessing services; grant information about services rendered; and Uniform Crime Report data.

Key Qualitative Findings

- Illinois has yet to identify available data or determine the quality of the data.
- Illinois has the necessary infrastructure and approach to collect high quality data and assess progress.
- Illinois has the necessary research expertise to participate in an outcome evaluation.

During interviews, staff believed they provided the demonstration site with the necessary expertise and infrastructure to identify high-quality data and then use the data to assess performance or progress once a pilot site has been selected, research questions and outcomes have been articulated, and an implementation plan has been developed. ICJIA needs to determine whether there is commitment from project staff and network partners regarding the collection and use of data, the capacity for network partners to generate data (e.g., client records, survey data, and progress reports) that can be exported to others for evaluation use, and articulate whether baseline and follow-up data can be defined for evaluation purposes. The site could then be ready for a useful outcome evaluation in the future. The Illinois site plans to conduct some evaluation activities in-house with the Statistical Analysis Center rather than through an external evaluation partner. ICJIA and Statistical Analysis Center staff have worked together since the beginning of the project and will continue maintaining open communication through the planning and implementation stage.

OHIO

Members of the Ohio site team believe they possess some of the components necessary to participate in an outcome evaluation, including leadership support for evaluation, logic model, clear research questions, and resources to participate in an outcome evaluation. While the site currently lacks infrastructure for data collection and consensus among stakeholders regarding the collection and use of data, this is a goal of the project and is expected to change as the project moves toward implementation. Recognizing this gap, the Ohio team hired an evaluator to organize data and complete the needs assessment/gap analysis. The site is still finalizing its implementation plan and has yet to make several decisions that could impact a future outcome evaluation design, including how it might implement a screening tool.

Site-Level Readiness

The Ohio demonstration's site-level readiness score is 91 percent from the survey, indicating that the team believes they had the necessary site-level readiness components to participate in an evaluation, see Exhibit 44. Specifically, site participants report that (average score of 2.5–3.0) they have the following components to support an evaluation: leadership support, commitment to evaluation, interest in learning about the effectiveness of their approach, opportunities to share information and make informed decisions, and making decisions on regular assessment. Like Virginia, Ohio was less confident that it has the systems, structures,

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

tools, and processes in place for data collection, storage, processing, analysis, and reporting (average score 2.5).

When provided the opportunity to comment on their site's site-level readiness, the team noted that they are in the process of hiring an evaluation consultant who will develop an evaluation plan that includes evaluation tools and data collection procedures.

Regarding site-level readiness, the Ohio site has strong leadership from the OAG and ODVN and valuable partnerships in place. The state has a long history of using data to inform decisions and policies. The project director spoke of using data to inform the program and understanding how to measure trends over time as part of this project. Additionally, team members are confident in the project leadership's ability to create a strategy to evaluate the program effectively. The Ohio team also has a partner in Case Western Reserve University (CWRU), a subrecipient that is tasked with developing the screening tool. While the team has some formal agreements in place with partners, there are currently no MOUs around implementation and data sharing specifically for this project. Data-sharing barriers are discussed in the evaluation readiness section.

The Ohio team meets quarterly and set up a project infrastructure that includes workgroups that meet monthly. While the project and community interest continue to grow, the size and scope of the project are a challenge,

Key Qualitative Findings

- Ohio has strong leadership support for evaluation and a history of data-informed decision-making.
- Ohio appears to lack clarity and consensus regarding its strategic priorities.
- Ohio may face challenges related to data infrastructure.

EXHIBIT 44. OHIO SITE-LEVEL READINESS SCORES

SITE-LEVEL READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
There is support for the evaluation and evaluation capacity building, as needed, among site-level project leadership.	4	3.0
Site-level project leadership demonstrates commitment to evaluation and evidence-based or data-driven decision-making.	4	2.8
Site-level project leadership supports staff positions/activities that focus on evaluation, learning, and improvement.	4	3.0
Site-level project leadership demonstrates interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness.	3	2.5
Project staff and stakeholders have opportunities to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.	4	2.8
Project staff make decisions based on regular assessment and use of data, information, evidence, and feedback.	4	2.7
Site-level project leadership is willing and committed to devoting necessary resources (e.g., staff time and financial or other non-financial resources) to the evaluation.	4	2.8
There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.	4	2.5

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

as is the infrastructure for engaging and managing communication across workgroups. The Ohio team continued its momentum into summer 2018, building seven workgroups. Each workgroup has a distinct goal and is tasked with specific components of meeting the goal of the overarching project. One stakeholder noted that the workgroups are currently siloed; however, another stakeholder noted that information sharing is going well, but that the workgroups do not have enough to share at this point in the project. The Ohio leadership team has kept workgroups informed and engaged through workgroup facilitator retreats that are planned around key stakeholder meetings. While each workgroup is making progress toward its individual goals, the stakeholders noted a lack of clarity around strategic priorities, how the team would reach its objectives, and how to measure success. With regard to data and evaluation, the research workgroup meets monthly to explore potential measurable indicators for the evaluation and consider data to measure outcomes.

With regard to data infrastructure, workgroup members are encouraged to share sources of data with the project management team to help inform the needs assessment/gap analysis; and early in the process, the team is encouraged to use a data collection form when data are added. It is unclear if that process is still in place. There are 88 counties that operate separately in Ohio, which may pose challenges for the team when linking and integrating data. The team is well positioned to determine a strategy for linking data as it includes members who have experience in merging data from efforts in human trafficking, as well as linking human service data and hospital data, for example.

These findings demonstrate that the site has the necessary leadership and organizational support for the project and may have enough support for evaluation among project leadership, but it requires additional progress toward defining strategic priorities to begin implementation.

Project Readiness

The Ohio demonstration site averaged a project readiness score of 89 percent, indicating that participants felt there is capacity within the project to participate in an outcome evaluation. Ohio team members indicate definite project readiness on 12 of the 16 domain items (average ratings of 2.6-3.0) including having an articulated logic model, well designed project activities, and qualified program and frontline staff to implement the activities (see Exhibit 45). For the remaining four items, Ohio team members ratings indicate on four program capacity dimensions some readiness, including agreement about the expected program outcomes, a shared expectation about when program outcomes will occur, a shared understanding among all parties about the core elements of the project and the context in which the project operates, and if there is implementation fidelity of the project based on their logic model.

When provided the opportunity to comment on their site's project readiness, the team explained that the screening tool is not in use yet, and they are in the process of making decisions regarding the level of data collection associated with the tool.

The Ohio demonstration site has a logic model in place where project activities address a clearly identified need to link systems of care and are using implementation science to guide their model; however, team members note that they are still in the planning phase without a strategic plan. One team member noted that "I don't think that we've used our logic model as effectively as we could within our project." Once the team makes decisions on project activities, the logic model can be updated to reflect the strategic priorities of the demonstration site.

A challenge arose during the review and comment of the screening tool by stakeholders. The site team originally intended for the entire stakeholder group to review the tool, while

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 45. OHIO PROJECT READINESS SCORES

PROJECT READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
Project activities are designed to address a clearly identified and defined problem or need.	4	2.8
The project has a logic model that outlines the logical connection between project activities and the intended outcomes or desired changes of the project/program.	4	2.8
Goals and objectives are clearly articulated and attainable with the available resources.	4	2.8
There is agreement across the project staff and stakeholders as to what the expected program outcomes are.	3	2.0
There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short-, intermediate-, or long-term will occur.	3	2.0
There is a shared understanding among project staff and stakeholders about the core elements of the project and the context in which the project operates.	4	2.3
There is interest and support among project staff and stakeholders in conducting an outcome evaluation.	4	3.0
Stakeholders see the value of evaluation and have ideas about how the project could benefit.	4	2.8
The project is being implemented according to the logic model and using a well-planned sequence of activities.	4	2.5
Project staff are qualified and properly trained to operate the program.	4	3.0
There are enough qualified frontline staff members on site to implement the planned project activities.	4	3.0
Data that track implementation of project activities are being collected (e.g., screening tool administration; referral tracking).	4	3.0
Input is sought on a regular basis to understand the experiences of those participating in the project activities and to identify and address any problems in a timely manner.	4	2.8
The project's intentions for expanding and/or improving the project activities are clearly planned out, sufficiently resourced, and feasible.	4	2.7
The project activities are being delivered at a scale that allows for reasonable outcome measurement.	4	2.7
The project activities will likely undergo additional refinements or changes.	4	3.0

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

partners from CWRU are concerned about opening the tool up for comment and want to ensure the integrity of the tool and the process. The project team reached a compromise and is moving forward with a limited review and comment period from a subset of the stakeholders. In addition, the team is unclear about what the screening tool is intended to gather and questions the universality or one-size-fits-all approach. Stakeholders are conflicted if there is buy-in from partners and mental health professionals, specifically, to adopt and administer the screening tool. Some stakeholders also noted the importance of engaging the court system to influence the tool development process. Others raised privacy, confidentiality, legality (e.g., the ability of the tool to function in a court setting), and consent concerns, and expressed reluctance to adopt a new tool.

Key Qualitative Findings

- Ohio developed a logic model but has not finalized its strategic plan.
- Ohio appears to lack consensus regarding its screening tool.
- Ohio appears to lack clear outcomes and has yet to determine how they will be measured.

Despite these challenges, the team is planning to conduct listening sessions to gather information about the screening tool to help guide its development in spring 2019. While there is disagreement about the screening tool, Ohio team members are planning to use best practices from other collaborative initiatives to guide the process. For example, one team member noted that a probation initiative in Akron worked for three years to develop an informed consent process, and the team is looking to learn from Akron's experience to avoid a similarly extended timeline. Eventually, the tool will roll out statewide with a training protocol that offers multisystem trainings to include Ohio's Calling All Heroes annual conference or using New Mexico's multisystem training model. CWRU plans to complete the tool validation by June 2019, and training and implementation will begin in the second half of 2019. The team may first target mental health professionals to pilot the tool and may use pilot sites to administer it. But the team currently does not have clarity around how many pilots or how the tool will be rolled out. Several team members indicated that it makes the most sense to roll out the screening tool first in Cuyahoga County, where CWRU is located and where nearly 20 years of data were collected by the CWRU Poverty Center.

The team is working to map all major efforts in the state related to child/youth victimization, which will inform the development of a needs assessment prior to a statewide strategic plan to link systems of care. The mapping project also includes efforts to identify laws and policies that may act as barriers to connecting young victims with necessary services. The Ohio project teamed with Red Treehouse, an online resource directory created by the Ronald McDonald House of Cleveland, Inc. Red Treehouse connects children and families in need with organizations and events that match their needs, interests, and location. Ohio is working to expand the existing Red Treehouse directory to provide a comprehensive statewide resource-mapping tool to young victims of violence and trauma. The Ohio team continues to develop its resource directory with the aid of its stakeholders and its pictorial screening tool with the expertise of CWRU. CWRU is also planning to utilize a snowball sampling procedure to capture additional providers to include in the directory.

The Ohio team conducted a comprehensive literature search of screening tools to include what agencies in Ohio have used them, as well as their psychometric properties and intended audiences. They are also compiling evidence-based practices for the resource directory and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

linking them to the National Child Traumatic Stress Network's key traumatic reactions that children experience.

The team hopes that the needs assessment/gap analysis completion will help them build and implement their strategic plan; however, it is a concern for project readiness that the team is still in the early stages of implementation. Given the feedback from stakeholders on the lack of an understanding of the strategic plan and priorities, the needs assessment/gap analysis completion is critical to moving forward on this initiative. The team will need to reach consensus on the use of the screening tool and its administrators in order to move toward full implementation. Due to the early stage of the project, the team has not been trained, but CWRU is on board to conduct training on the screening tool when ready. The team recognizes the importance of training in successful implementation. One participant did note some concerns with training to close the gap between a trauma-informed trained caseworker versus a screener who may not be trained in trauma.

Because the team is still in the planning phase, the outcomes require further defining and a clearer understanding of how they will be measured. While there is consensus on the main outcome of linking systems to better identify victims of violence, the team is not clear on the short- or mid-term measurable outcomes. The team is tracking project activities through meeting minutes and attendance, and the project manager is keeping a "bucket list" of priorities for pulling information together on tracking progress.

Evaluation Readiness

The Ohio team rated their evaluation readiness score at 75 percent, putting them in the category of needing moderate modifications based on only two of the eight evaluation readiness dimensions. On average, the Ohio site is somewhat ready for an outcome evaluation, with an overall score of 2.4, and average scores on individual items range from 1.3 to 2.8 (see Exhibit 46). Ohio generally believes it is "somewhat true" with respect to having resources itself in order to partner with an external evaluator, internal evaluation capacity, identified evaluation questions, the capacity to generate data that could be exported to others for use in an evaluation, and resources to support an outcome evaluation. Ohio does not believe they have two of the necessary components of evaluation readiness, including that the project has evaluation questions that are clear and that there is agreement and commitment regarding the collection and use of data, represented by scores of 1.3 and 1.5 respectively.

When provided the opportunity to comment on their site's evaluation readiness, the team explained that their responses reflect some work that is being discussed, and that they are not yet ready to support an evaluation; however, they expressed optimism, saying they "believe the infrastructure is there and the evaluation will be solid."

Ohio has a long history of data-driven decision-making and evaluation. Ohio has a wide network of stakeholders invested in this project, which includes a range of possible data sources for an evaluation. While the team is committed to evaluation, stakeholders note that the team is overwhelmed with the amount of data collected thus far. Given the large amount of data available across systems through workgroup members and key stakeholders, the Ohio team decided to hire an evaluator specifically to organize data and complete the needs assessment/gap analysis. The team hoped to onboard this evaluator, who is a current member of one of the workgroups, in fall 2018. However, the evaluator and her consulting team were hired in February 2019.

The Ohio team leveraged a 2017 Ohio summit, Calling All Heroes: Responding to Violence Against Ohio's Children, to collect survey

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 46. OHIO EVALUATION READINESS

EVALUATION READINESS	NUMBER OF PARTICIPANTS	AVERAGE SCORE
The project staff have the resources to partner with an external evaluator to plan and implement an outcome evaluation.	3	2.5
The project has internal evaluation capabilities and processes in place to allow for clear communication with an evaluation partner(s)..	3	2.5
Project staff and stakeholders have identified evaluation questions that are clear and cover what they want to learn about the project.	2	1.3
Outcomes are relevant to the project activities and clearly expressed in the project's logic model.	4	2.5
The project activities are being implemented such that periods of baseline and follow-up data collection can be defined for evaluation purposes.	4	2.7
There is agreement and commitment from all necessary project staff and stakeholders on the collection and use of data.	2	1.5
The project has a demonstrated capacity to generate data (e.g., client records, survey data, progress reports, etc.) that can be exported to others for evaluation use.	3	2.3
There is allocation of a reasonable level of resources (e.g., staff time) to support an outcome evaluation at the project level.	4	2.8

- Note: Responses are scored using the following scale: "Not at all true" 1.0–1.5, "Somewhat true" 1.6-2.5, "True" 2.6–3.0.

data from the 300 attendees, including sexual violence advocates, court-appointed special advocates (CASA), and attorneys. The survey was designed to help the team gain a better understanding of attendees' views on statewide needs as they relate to all child/youth victims of traumatic, violent crimes, as well as children/youth physically or sexually abused in the context of domestic violence. The survey also asked service provider participants for information on service availability in the participant's county, as well as on screening tools and counseling or therapy services used by the participant's agency.

Through the research workgroup co-chaired by CWRU, the project team is connected with additional universities throughout the state, which provided the project with a distinct research advantage. The project team could utilize existing statewide research and data, connect to other Ohio institutions, and gain experience with linking administrative data. In particular, the research partners at CWRU have access to data in the CWRU Poverty Center, including a linked dataset called the Childhood Integrated Longitudinal Data (CHILD). CHILD includes administrative data collected at the individual level for the past 17 years. The team hopes to leverage their access to CHILD to link with data collected as part of the Ohio project. Other team members mentioned leveraging other data sources to include CASA data, court data, adverse childhood experiences (ACEs), National Council of Juvenile and Family Court Judges tracking court cases that have some proof of abuse and determining parental alienation, Department of Children and Families management information system and partners, and Cincinnati hospital data. How the team will use the data or link it together is still to be determined.

The team noted barriers with data collection, including confidentiality issues, sensitivity around children's information, de-identification,

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Key Qualitative Findings

- Ohio may be able to access several data sources.
- Ohio developed a key partnership with an evaluator who has the necessary research expertise.
- Ohio may face barriers with data collection and information sharing.

and how data can be properly stored. While the team identified the infrastructure to gather and connect data electronically, they will not start using the infrastructure until the next phase of the project. Other concerns raised by the team include nonresponse by agencies that are often understaffed or overworked in human services. The team also recognized the difficulty in being able to capture a comparison group for an experimental evaluation.

Clear research questions have not been articulated at this stage because there is no strategic plan to align with clear and measurable outcomes, and the outcomes noted by team members vary. These variations include changes in self-reported trauma, courtroom indicators, increased accountability for perpetrators, increased reporting, reductions in intimate partner violence prevalence, improved case planning, and increased stakeholder engagement.

At this point, the site has not identified strategic priorities or research questions that could be used to frame an outcome evaluation. One participant noted that capturing unintended consequences, regardless of positive or negative, has not been discussed, but would be a potential area to capture with data collection. Once articulated, periods of baseline and follow-up data can be defined, M OUs for data sharing can be put in place, and confidentiality issues can be addressed. Once a plan and strategic priorities are identified, the Ohio team will be able to articulate an approach for how they will conduct an evaluation and how to utilize what they learn.

Discussion and Conclusions

This report set out to assess the capacity of demonstration sites to support a rigorous outcome evaluation. The focus of the report is on the four states currently funded by OVC through the LSC program. Multiple forms of data collection were used to capture the "readiness" of each site to support evaluation efforts. A survey of the project staff as well as interviews, observations, and a review of documents were used to assess three distinct domains: site-level readiness, project readiness, and evaluation readiness. In combination, these domains captured a wide array of constructs useful to determine the feasibility of conducting an outcome evaluation. Some of these constructs included, but were not limited to, the logical connection between project activities and intended outcomes; information sharing; data quality, availability, and use; the presence or absences of baseline data and/or comparison groups; as well as resource and leadership supports.

This evaluability assessment incorporated extensive input from project staff and partners in the demonstration sites. First, sites were asked to complete a questionnaire that provided them with the opportunity to self-report their perceptions of readiness for an outcome evaluation. Based on the self-reported ratings obtained from each site, all four sites judged themselves to be moderately prepared to participate in an outcome evaluation. These findings suggest that the sites are developing approaches with some potential for being evaluated, but further development and modifications may be warranted.

Second, input was obtained from the sites through in-person interviews with staff and partners and a review of project- related documents. The interview questions and protocol focused on similar items contained in the questionnaire and sought to derive a

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

deeper understanding of each demonstration site's logic. The most recent logic model for each program is reviewed and discussed with each site representative. The questions focused on the logical links between the project goals, objectives, activities, outputs, and outcome measures. Once the core components and logical framework were established, additional questions were posed about programmatic and leadership supports, data availability and use, and any considerations related to an outcome evaluation. Documents were collected, categorized, and systematically reviewed for information related to the readiness and evaluability of the projects. The interviews and document reviews centered on the three areas of assessment as a framework for discussion and analysis.

The analysis pointed to areas of substantial progress and accomplishments in project development that are favorable to supporting an evaluation; however, there are some areas of growth that suggest sites may need to make adjustments to better prepare for a potential outcome evaluation.

Sites exhibited several strengths with regard to outcome evaluation. Specifically, the site teams generally believed they had leadership and stakeholder support necessary to participate in an outcome evaluation. As part of the project, sites established stakeholder groups to engage key stakeholders in their work. While there are some individual differences across the sites, staff believe their stakeholder groups are interested in learning about the effectiveness of their approaches and would be supportive of an outcome evaluation. Relatedly, the sites appear to have identified partnerships that may enhance their capacity to support evaluation activities. Some sites developed key relationships with researchers who can provide necessary expertise and support data collection and analysis. Through these partnerships, sites will be able to engage in data collection and analysis that may contribute to a future outcome

Key Accomplishments to Support an Outcome Evaluation

SITE-LEVEL READINESS

- Leadership and resource supports are present.
- Project leadership demonstrates commitment to data-informed decision-making.
- Project leadership is interested in learning about program effectiveness.
- Project staff and stakeholders share information and hold meetings to make informed project decisions.

PROJECT READINESS

- Extensive planning efforts have taken place.
- Some sites have created and utilized targeted working groups to assist in planning efforts.
- The project activities are being delivered at a scale that allows for further refinement and potential assessment of outcomes.
- Project staff believe they are qualified to fulfill their roles properly.
- Staff and other stakeholders see the value of evaluation.
- Input from key staff and steering committee members is sought for new ideas and program adjustments.

EVALUATION READINESS

- The sites have demonstrated capacity to generate data (e.g., completed screenings, survey data, progress reports, etc.) that can be exported to others for evaluation use.
- Articulated outcomes have face validity and are relevant to the project activities.
- There is an allocation of a reasonable level of resources (e.g., funding, staff time, expertise) to support an outcome.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

evaluation. Finally, all four sites have a shared vision for a project that provides a valuable overarching theory of change for the approaches. While the sites may not yet have identified clear and measurable outcomes, they are all working toward a shared goal of improving coordination and collaboration among child-serving systems. This shared goal will provide an important starting point for a future outcome evaluation.

Project staff in all four sites generally believe they will be able to participate in an outcome evaluation, there are several areas of growth across the sites that suggest it may not be feasible to conduct an outcome evaluation at this time. While all four sites have a logic model that outlines the connection between their activities and intended outcomes, all of the sites appear to lack clear and measurable outcomes that are tied to the project activities. Without clear and measurable outcomes, it will be difficult to identify research questions and design an evaluation to assess whether these approaches are effective. Some sites appear to lack necessary infrastructure for data collection and analysis as well as a plan for generating data on the effectiveness of their approaches. Sites should begin to map available data sources to both process and outcome measures and

Areas of Growth to Support an Outcome Evaluation

SITE-LEVEL READINESS

- Execute any pending data and information sharing plans.
- Create opportunities to increase evaluation capacity and measure program effectiveness for all staff.
- Create opportunities for project staff and stakeholders to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.
- Identify and resolve challenges sharing data and information across systems and jurisdictions.

PROJECT READINESS

- Refine logic models and delineate a logical link between program goals, objectives, activities, and outcomes
- Identify and operationalize specific measures that align with outcome categories.
- Develop consensus regarding timeframe for project activities and when outcomes will occur.
- Create processes for linking systems, tracking referrals, and measuring outcomes.

EVALUATION READINESS

- Clarify the degree to which existing data is available and of sufficient quality to support an outcome evaluation.
- Identify whether existing data sources map onto outcomes and could provide the basis for an outcome evaluation.
- Establish clear roles with research partners to support capacity for data collection as part of an outcome evaluation.
- Invest in identifying a process for clear baseline and establishment of comparison groups.
- Identify internal evaluation capabilities and processes for supporting an outcome.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

identify gaps so new forms of data collection can be developed as needed. At minimum, sites will need to identify and collect data to track the implementation of each approach. It will also be necessary for sites to develop procedures that outlines how data will be collected and analyzed. Finally, some sites appear to lack consensus among stakeholders with regard to the project components and the collection and use of data. These findings are not surprising given the state of some of the sites. As noted previously, Illinois and Ohio have yet to make several key decisions regarding their approaches, which may have implications for a future outcome evaluation. It is not surprising that the sites lack consensus from stakeholders regarding data collection. Child and youth victims of crime represent a vulnerable population that requires special considerations for research participation. While these areas of growth suggest that it may not be feasible to conduct an outcome evaluation at this time, it may be possible to conduct an outcome evaluation in the future.

Recommendations for Future Directions

While it is considered a best practice for an outcome evaluation to be designed during the program planning process and prior to program implementation, that may not be feasible with this project. This evaluability assessment represents an assessment taken at a single point in time for these demonstration sites, and the conclusions discussed are likely to change as the sites progress. As such, this evaluability assessment is intended to provide some general guidance to these and future sites that may be interested in evaluating their individualized linking systems of care approach. In an ideal circumstance, the evaluator should be involved in the planning process so that the measures, instruments, and data collection procedures and schedules can be carefully coordinated and sustained over the course of the project. For any program to be evaluated on outcomes, the program must work with the evaluator to establish clear goals, measures, and timelines to be completed during the evaluation process. Expectations of the site should be articulated clearly, and both the evaluator and the program should collaborate to ensure these expectations are on track. The choice of design will determine whether an outcome study can isolate the effects of the program, rule out competing explanations, and produce valid results. An evaluator must also examine issues surrounding data quality and availability, along with the timing of data collections and measurements. Finally, any evaluation must have ample support and commitment from leadership, program staff, and other stakeholders on the importance of data collection and evaluating program effectiveness. To support an outcome evaluation adequately, these sites may benefit from considering several key components related to outcome evaluation.

Refine logic models and delineate logical link between program assumptions, inputs, activities, outputs, outcomes, and goals. Sites may benefit from revising logic models and carefully considering the outcomes (i.e., measurable changes achieved during a specified timeframe) and goals (i.e., intended impacts) it intends to achieve with the project activities. Make further differentiations to clarify between the outputs of the program (e.g., the number of activities completed) and the outcomes the sites hope to achieve. Sites may want to ensure that the outcomes are specific, measurable, achievable, realistic, and feasible based on data availability and the current timeline. It is important that there be a shared understanding of outcomes and how each will be measured. If outcomes are not specific or measurable, it can be difficult to determine appropriate research questions and design an evaluation that will yield reliable and credible information. Measurable outcomes will provide sites with clear guidelines for determining success and help determine what data to collect. Outcomes should also be directly tied to the project activities and should be achievable if the

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

activities are implemented as intended. It is also necessary to ensure that outcomes are realistic and feasible within a given period of time. It is imperative that outcomes be achievable within the timeline of the project and be measurable with either available data sources or the development of primary data collection methods.

Formally execute data and information sharing agreements across systems. A very important part of any inter- agency or systems project is establishing agreements on what, how, and when information will be shared to meet mutually defined goals and objectives. Linking systems requires collaboration and necessitates the exchange of information. M any initiatives fail due to the legal constraints involved with the sharing of information, particularly when dealing with vulnerable populations such as child and youth victims of crime. It is incumbent on leadership and project staff to identify and resolve challenges for sharing information across systems and jurisdictions. One strategy to bring different agencies and systems together is around the project logic model. Once measurable outputs and outcomes are clearly articulated, sites can begin to work with potential data partners to assess what data are currently available and where gaps may exist. Sites can then decide if there is a need to work within the constraints of the available data, such as developing proxies to define success if data do not exist, or identify other primary data collection opportunities that need to be developed. These conversations, grounded in the logic model, will allow for open communication with data partners; support a shared understanding about data needs, data availability, and access; and will help to manage expectations. The logic model is a living document and should be modified during the implementation so that it can serve as the focal point of data collection throughout the life of the project. Information sharing may also have a technological component that needs to be overcome so data can be properly stored, tracked, and accessed for the purposes of project planning and evaluation. Formal agreements can be useful for defining how data will be shared and providing clear direction to project staff and teams as they begin to work with partners across systems.

Identify internal evaluation capabilities and processes for supporting an outcome evaluation. Sites may also benefit from identifying internal staff or other stakeholders with research expertise who can support or lead data collection activities and communicate with external evaluation partners. In addition to identifying leaders who can help to facilitate discussions around evaluation within the team, incorporating the use of the logic model into management or team discussions and to provide updates on data access, measurement, or other evaluation issues will also help to manage expectations around evaluation, increase transparency, and increase the capacity and buy-in of all site members. Developing strategic partnerships with researchers will also increase the sites' capacity to collect and analyze its own data and provide valuable support during an outcome evaluation. External partners can help with all aspects, including refinement of measurable outcomes, evaluation planning, data mapping for evaluation, identifying evaluation talent such as development of requests for proposals, budgeting for an evaluation, and conducting specific evaluation tasks.

Establish clear roles in evaluation process, specifically the expert research capacity needed to support data collection for use in outcome evaluation. Sites may benefit from identifying key stakeholders who may be able to provide access to valuable data sources. Administrative data, including data from case management systems or other service provider records, may provide a means to assess the effectiveness of the sites' approaches for linking systems; however, these data may be difficult to access due to confidentiality concerns and barriers to information sharing. As such, sites may wish to develop relationships with key stakeholders in their state who can support their efforts and provide guidance navigating systems and processes.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

It is important to provide context for the analysis and interpretation of the data in this report and note the several limitations described in this report. The scope of the evaluability assessment was limited to a snapshot in the project's timeline. All conclusions are based on each site's stage of development by February 2019, when data collection for all four sites was completed. These conclusions should be considered with the understanding that they do not necessarily represent the sites' current or future status, as the sites may have made additional decisions or changes to their implementation plans that significantly alter the conclusions discussed in this report.

The change in the original evaluation design impacted the first cohort of demonstration sites as the sites anticipated being able to obtain information about outcomes through the national evaluation. As a result, they had not planned to conduct individual outcome evaluations and had not set aside resources or identified evaluation partners at the time of this report. While the sites may perceive some capacity to participate in an outcome evaluation, they did not expect to be responsible for this component of the project. When evaluating the sites' capacity to support an outcome evaluation, the impact of this change must be considered.

Because the national evaluation design changed in fall 2018, the volume of data available varied considerably across the sites. The first cohort of sites funded by OVC—Montana and Virginia—began planning their approaches in early 2015. ICF served as the national evaluator of these two sites and implemented a process and outcome evaluation design that involved collecting data several times over the next few years (2015–2018). Where applicable, these previously collected sources of data are used to support the conclusions presented in this report. The second cohort of demonstration sites was funded in FY 2018 and had concluded the 15-month planning period when data collection was completed in February 2019. Significantly less data is therefore available for the second cohort. To supplement the evaluability assessment questionnaire, additional interviews were conducted only with staff for the second cohort. These follow-up interviews were not conducted with staff in the first cohort of demonstration sites because of the large amount of existing data available. Using these varied data sources, ICF then assessed all four sites to determine the extent that each site could support a rigorous evaluation of outcomes and drew conclusions based on the available data for each site.

This report is not intended to compare the sites or draw conclusions about each site's progress. Instead, this report presents overall findings and recommendations on the readiness of all sites and includes a specific discussion of each site's readiness across each of the three domains. The individual sites are not compared to one another and the results are presented and discussed on an individual, site-by-site basis. This assessment is based on the individual status of each site and its unique capacity to participate in an outcome evaluation.

In closing, recommendations for project development are intended to assist the demonstration sites as they consider the prospects of an outcome evaluation. The information in this evaluability assessment can be useful for both program evaluation and future program development. All of the programs are striving to create positive outcomes for child and youth victims of crime. In the effort to better understand and assess the OVC systems of care demonstration sites, it was clear that while each site had different strategies, they shared a vision for improving the well-being of child and youth victims of crime through enhanced communication, collaboration, and efficiencies of independent service delivery systems. We hope that the conclusions in this report will help guide future development of the demonstration sites. In addition, we hope that this report will yield useful information for potential evaluators of current LSC demonstration sites or other initiatives.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

CHAPTER 4: SYSTEMS CHANGE

Chapter 4 combines theory and practice to provide meaningful, actionable information for practitioners in the child victim services field. This chapter focuses on the concept of systems change and its implication for designing a program from a systems perspective. It also discusses past efforts to link systems using a system of care approach and the integration of care to promote better outcomes for those seeking services. The discussion underscores the importance of systems being ready for change, which means having a conceptual framework, a shared vision of the project, and promoting strong collaboration among system partners under the guidance of knowledgeable and effective leadership. To give a realistic picture of what it means to link systems, Chapter 4 looks at the types of system partners that should be engaged in a project such as the LSC program and the challenges that may arise from that diversity. It also presents a framework for creating systems change and, drawing on implementation science, provides guidance for successful planning and implementation. This chapter provides guidance for determining whether a demonstration project is ready for an outcomes evaluation, and includes a step-by-step model for such an evaluation. Finally, Chapter 4 shares many lessons that were learned from the current demonstration as well as recommendations for future projects.

Systems Change and Systems of Care

The concept of using a systems change approach to address intractable community-level issues, such as child victimization, is deeply rooted in systems theory, an interdisciplinary approach that considers all systems in nature, society, and scientific domains from a holistic perspective (Capra, 1997; Mele, Pels, & Polese, 2009). Although systems are commonly described as composed of interdependent parts working together as a whole (Ackoff & Rovini, 2003), there is no universal system definition (Hargreaves, 2010). For this report, system is defined as a set of subsystems working together as parts of a mechanism or an interconnecting network (e.g., a health care system, the child welfare, mental health, or school system)

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Key Definitions

System: A set of subsystems working together as parts of a mechanism or an interconnecting network (e.g., health care system, child welfare system, mental health system, school system).

System Change: An intentional process designed to alter fundamentally the components and structures that cause a system to behave in a certain way. It is often about addressing the root causes of social problems (e.g., victimization), which are often intractable and embedded in networks of cause and effect..

Systems of Care: A spectrum of individualized services and supports that is organized into a coordinated network of systems, builds meaningful partnerships, and addresses cultural and linguistic needs in a strength-based manner to improve the functioning of individuals (e.g., victims of crime).

Key Characteristics of a System and Its Subsystems

Interconnectedness of subsystems means that all of the parts of the system are connected and are so interdependent that they rely on each other to function properly as any change in one system impacts the larger system.

Interdependence refers to the mutual dependence that exists between sub-systems so that each system depends on the other to achieve outcomes.

Interaction between subsystems describes the actions that occur when two or more subsystems have an effect on each other. These elements are integral to system functioning because the parts of the system rely on each other to achieve their goals and objectives.

that depend upon the interconnectedness, interdependence, and interactions of subsystems (e.g., individual health care, mental health facilities, or schools) which are widely believed to be important characteristics of a functional system (Abercrombie, Harries, & Wharton, 2015; Arnold & Wade, 2015; Cordon, 2013; Foster-Fishman, Nowell, & Yang, 2007; Mele et al., 2009, Parsons, 2007). To create a system of care, it is necessary for these systems and subsystems to be "linked" through the establishment of meaningful partnerships characterized by a shared vision and the willingness to modify and coordinate operations in order to fulfill the vision.

Systems change refers to the processes designed to foster the changes necessary to support a new initiative, such as the LSC program. At the heart of the LSC program is the presumption that every system that enters into the system of care must undergo some changes to its current operations. These modifications create the innovations that lead to better identification, referrals, and services for victims of crime. Hence, systems change is defined as an intentional process designed to alter fundamentally the components and structures that cause a system to behave in a certain way.

To achieve systems change in a project like LSC, system leaders and administrators must be willing to embrace change within their own organizations. Commitment to the project is evidenced by the investment of time and resources from the key leadership of each system, as well as of its subsystems. Linking systems of care can only happen after each system agrees on a shared vision and collaborates with other systems to achieve the stated vision. The goal of linked systems of care is seamless access to a spectrum of individualized services and supports within a coordinated network of systems. Because the LSC demonstration sites for both Cohort 1 (Montana and Virginia) and Cohort 2 (Illinois and Ohio) are still in the early stages of development,

evidence of the effects of their efforts toward systems change will take time to evolve. The next section offers an overview of past systems of care approaches and the characteristics that defined them.

Previous Approaches to Linking Systems of Care

Various sectors have sought—in various ways—to create systems of care by linking systems to improve the quality of care and outcomes for populations served. The approaches reflect different and important system change strategies. Some systems of care initiatives focused on improving the welfare of children, the treatment of serious emotional disorders, and the integration of primary health care and behavioral health care. Despite the complexity of coordinating distinct system relationships, there are several advantages to using a systems approach when addressing challenging social problems. For instance, applying the systems of care framework to address the serious emotional challenges of children has produced multiple benefits for children and families, including improvements in children's academic performance, clinical symptoms and functioning, and reducing contacts with the legal system (Brannan, Brashears, Gyamfi, & Manteuffel, 2012). To create systems change, the system of care approach focuses on the interconnectedness among systems at the infrastructure and service delivery levels. By doing that, it is possible to identify and address the factors that create barriers to successful collaboration within and across systems that are required to facilitate successful system interactions. This approach also helps discover and share innovative and creative ideas and promote closer working relationships that replace the silos commonly found within and across systems and organizations.

Several programs have successfully implemented the systems of care approach to change the delivery of children's mental health services. As a result, children and youth have experienced improvements in clinical symptoms, academic performance, contact with law enforcement and arrests, and living conditions. Prior to using a systems of care approach for linking systems, a clear definition of the system and a shared vision for it must be established. The system of care approach allows programs to choose how to comply with the core system values and principles because there are no templates for other sites to use. Programs are required to create a coordinated network of services and supports, characterized by a wide array of community-based services and individualized care and services. Services must be designed to provide the least restrictive environment with full participation and partnerships with families and youth; coordination among child-serving agencies and programs; and cultural and linguistic competence (Stroul & Friedman, 1986; Stroul, 2002; Stroul, Blau, & Sondheimer, 2008). A key feature of this approach is the opportunity for all sectors (e.g., education, juvenile justice, mental health, social services, substance abuse services, vocational, and health services) serving youth and families to work in a coordinated way to guide decisions about the services they receive and to improve the quality of care and outcomes.

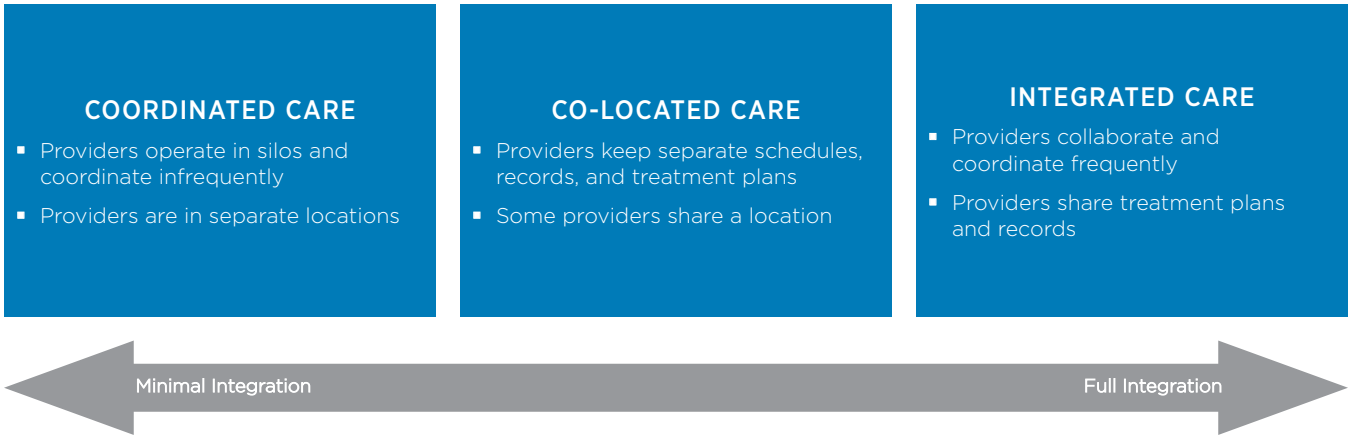
A systems of care initiative sponsored by the U.S. Department of Health and Human Services (HHS), involving 10 child neglect demonstration projects, addressed the principle of collaboration by promoting family involvement, staff-caregiver relationships, and ongoing staff training. In assessing its achievements and providing lessons learned, the program implementers stressed the importance of using best practices when working with families, building collaboration with other community partners, and offering a wide array of services

that include out-of-home and in- home services. They also recommended creating an advisory committee with knowledge and ties to the community for the revision of existing programs and planning for new programs that are responsive to the local culture (HHS, 2004).

Systems of care demonstration sites in the field of violence prevention emphasized the principle of institutional capacity building. Capacity building efforts focused on building relationships, understanding site conditions, priorities, and needs, and focusing on the skill sets of implementation team members and the organizational capacity of sites (Shaver & Wagner, 2013). Lessons from the multisite Defending Childhood Demonstration Program stress the importance of being strategic in site selection, arriving at consensus on program strategies, and avoiding undue burden on project partners. Other lessons include the use of a consultant to guide the planning and early implementation processes, and involving research and data analysis early in the project planning phase to promote data-driven decision-making throughout the process. Finally, others point to the importance of planning for sustainability from the start, including how to sustain staffing and services beyond the funding period.

The concept of different systems working together effectively is also evident in the integration of primary and behavioral health care. The integrated care approach underscores that linking these systems for the purpose of system efficiency does not mean that all systems must be integrated in the same way. Rather, systems can choose the level of integration that best suits its infrastructure and other related characteristics while providing patient-centered care that reduces costs, improves efficiency and effectiveness of care, and offers individual patient outcomes. In its framework of integrated care, the Substance Abuse and Mental Health Service Administration (SAMHSA) points out that systems may be linked at three different levels. These levels range from minimal to full integration by providing coordinated care, co-located care, and integrated care (see Exhibit 47). Coordinated care focuses on improving communication and involves minimal coordination when care is siloed and limited collaboration exists at separate locations. Co-located care focuses on placing providers within physical proximity in the same setting, but there are separate schedules and records and treatment plans. Integrated care entails sharing treatment plans, records, and other information among service providers and requires practice

EXHIBIT 47. LEVELS OF SYSTEM INTEGRATION



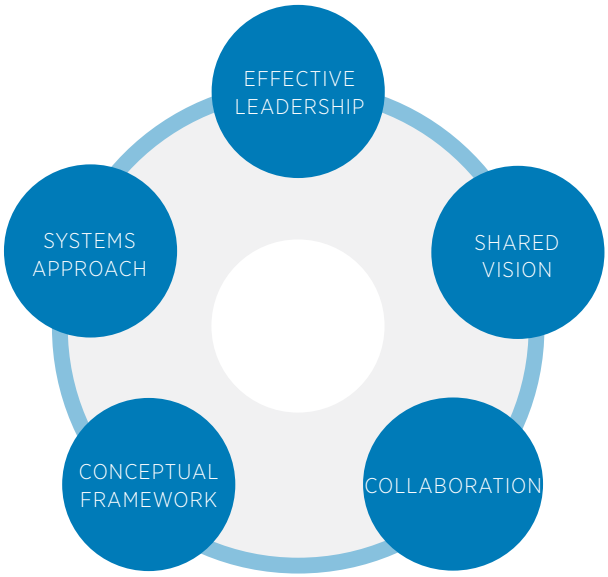
This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

change. Each system providing integrated care is required to meet all of the patient's health needs in one setting; however, care may be delivered in multiple ways depending on the provider, the type and location of care, and the way that services are coordinated. This approach has enabled patients to access services quickly, leading to reductions in homelessness, hospitalizations for mental health issues, emergency room visits, demand for detox stays, and various diseases. The next section discusses fundamental components for creating systems change and linking systems of care.

Creating Readiness for System-Level Change

Linking systems of care entails changing the way that systems operate at the level of system leadership, as well as at the organizational and service levels. The extent of systems change is highly contingent on participants agreeing on the level of coordination and integration. Regardless of the level of integration chosen, systems change requires the establishment of a framework of principles, a shared or common vision, collaboration among system partners, and effective leadership (see Exhibit 48). Because linking systems involves bringing together independent systems for a common purpose, application of the framework of principles must take place within each system and at the level of the collaboration across all of the systems. Each independent system leader must approach the linking of systems by applying "systems thinking," or thinking about how the systems interact, what it will take to reshape their own system structures, and the conditions that influence the behaviors of the people working in their system (Wheatley, 2001; Eoyang & Yellowthunder, 2007). Making policy changes to facilitate structural changes in appropriate areas such as financing, management, and related systems ensures that they align with those of the larger system. Aligning the operational systems facilitates compliance across systems with decisions to undertake tasks such as blending funds.

EXHIBIT 48. CREATING READINESS FOR SYSTEM-LEVEL CHANGE



Linking systems represents a precursor to change because it alters the status quo by purposefully intervening to change the relationships among existing systems. More importantly, successful systems change alters the behavior of individuals, organizational structures, culture, and climates within organizations and, above all, the thinking of system directors and policymakers (Wallace et al., n.d.). Advancing the change process requires thoughtful planning prior to undertaking the tasks required to bring about the desired systems change. Ultimately, if systems change is to be effective, it cannot be composed of piecemeal efforts that tinker with parts of the system but must occur through systemic change within the institutional structures at the system, organization, and service delivery levels (Latham, 2014). Below (and shown in Exhibit 48) are key elements to system-level change.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

CONCEPTUAL FRAMEWORK

System-level change requires that the leadership of each system commits to core values and agreed upon principles that will guide the planning and implementation of the system of care. The framework of principles provides each system with a clear sense of the overall system's values to which they should adhere while allowing flexibility for the system to be responsive to local needs (Stroul, 2002). The system of care approach for children with serious emotional disorders, for example, established principles that required systems to provide services that are well coordinated, youth- and family-guided, individualized, culturally competent, accessible, and least restrictive (Brannan et al., 2012).

SHARED OR COMMON VISION

A shared vision creates the foundation for stakeholders to work collaboratively toward systems and organizational change (NTAEC, 2010). Creating a shared vision is critical to linking systems because the perspectives and priorities of individual systems often differ from those of other system administrators, agency staff, families, and stakeholders. By creating a shared vision, it is possible to help stakeholders understand how their interests intersect with common interests. The shared or common vision provides the focal point for developing strategic plans and can motivate and inspire stakeholders to take action around common goals that support and promote the vision of linked systems. Embracing a shared or common vision helps ensure that all partners understand and commit to the purpose of the initiative and to achieving the goals. All partners must first participate in an assessment and planning process, during which they discuss and agree upon the goals and objectives, governance and roles, and the level of system integration to which each organization aspires (Allen et al., 2016). The goals should be a broad statement that states the long-term expectations that results from linking the systems and the objective statements that describe what will be achieved and how.

Creating and communicating the shared vision of an LSC program should occur through multiple strategic steps (NTAEC, 2010). The first step entails working with stakeholders to determine the vision by creating a statement that conveys their hopes and dreams for the system. A plan is then developed for achieving the vision, which includes the strategies and activities that will take place to support the vision. Because everyone should be clear about the vision, it is important to communicate and share the vision with stakeholders to keep everyone focused on the vision. While system leaders may lead the effort to create and share the vision initially, it is important that they provide the resources for stakeholders to undertake the work needed to achieve the vision. The final step ensures that the vision is kept alive by revisiting it and re-emphasizing the purpose of building the system of care. This is especially important when facing the challenges of implementation. Revisiting the vision in these times will help "sustain momentum through a period of difficult change, you have to find ways to remind people of the orienting value—the positive vision—that makes the current angst worthwhile" (Heifetz, Grashow, & Linsky, 2009).

COLLABORATION

Key factors to systems change are strengthening partnerships between those seeking to link systems and fostering collaboration among system partners within and across systems. Collaboration is increasingly considered imperative for addressing broadly shared problems that are beyond the control of a small number of organizations (Kettl, 2006; Gadja, 2004). A host of factors complicate collaboration across systems, including the voluntary nature of the partnership and the

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

high level of autonomy inherent in separate systems (Gray, 2000). Standardized approaches and operational routines also make change less feasible across organizations than within them (Thomson & Perry, 2006). Among system partners, the purpose of the collaboration needs to be clear and well documented in MOUs that clarify partner roles and responsibilities. If done well, cross-system collaboration can bring many substantial benefits, including innovative solutions to complex issues, reduced duplication of efforts, and the sharing of human and financial resources (Marek, Brock, & Savla, 2014). Within a system of care, collaboration entails agencies working together to address the complex needs of children and families in a spirit of community partnership. Interagency collaboration is a principle of systems of care, which may be operationalized through pooling financial resources to address gaps in service. Interagency collaboration may also be achieved by developing joint training agendas, funding strategies, joint agency budget recommendations, and interagency management information systems that share common data required for working with children and families throughout the system. Interagency collaboration helps create a sense of community ownership for supporting children and families and addressing their needs and strengths. It also helps reduce duplication of efforts and promote greater efficiency in the use of limited resources. Through collaboration, there can also be a better understanding among partners of the policies and statutes that drive funding and of issues to maximize funding and programmatic resources. Importantly, interagency collaboration allows for creation of the data systems that track outcomes of children and families and provides a unified voice for persuading policymakers to make changes needed for the system to better meet the needs of children and families.

EFFECTIVE LEADERSHIP

To fully realize the benefits of the collaborative process, there must be effective leadership. Each system leader must ensure that their organization is ready to institutionalize the changes that accompany the linking of systems and advance the shared vision. Leaders must formulate policies that will further solidify the agreed-upon changes in operations in their respective systems. Policies should set clear expectations for collaboration and provide concrete guidance to staff on new operational procedures. The development of policies can also provide a means for holding staff accountable and increasing a system's readiness for change. To lead the collaboration toward systems change effectively, leadership must display certain important characteristics. For example, there should be an ability to listen to stakeholders to learn about what is and is not working. There should also be flexibility and willingness by system leaders to make adjustments to a proposed plan when it is not evolving as expected. System leadership should also be ready to persevere and keep the vision and goals for systems change front and center when there is pushback and when changing course or giving up seems the easiest way out. At the same time, system leaders must understand that to foster the trust needed to carry out the vision, others must see them as credible. This level of credibility requires leaders to be open, honest, and comfortable in making decisions. Successful leaders must also be resourceful and willing to find ways, including appealing to partners, to contribute to and be part of exploring funding through grant opportunities, etc.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Creating Readiness for Organizational Change

Readiness for change in the systems and subsystems (e.g., agencies and organizations that compose the system) entails institutionalizing the vision of the initiative and building the internal capacity to support it. The readiness of a system can be enhanced through the following activities (also see Exhibit 49).

> "The goal of collaboration is that partners will leverage, share, and maximize resources and also share responsibility and accountability."
>
> *— Hodges, Nathaniel Israel, Ferreira, and Mazza, 2007*

Map the system. Assessing the attributes of the system, including barriers and facilitators, is important to identify current funding sources. Mapping the financial resources gives a better understanding of funds available for services. Mapping the system can also help define the system's boundaries to make sure eligible beneficiaries are not overlooked and key actors and points of leverage are identified. Importantly, system mapping can identify areas for shoring up institutional capacity, including the capacity to evaluate the process and outcome goals.

Build institutional capacity. This entails creating or enhancing system infrastructure, staff knowledge and skills, fostering a culture of collaboration, and engaging partners to support organizational change. Agency infrastructure should be prepared for cross-system information sharing so that screening and assessments, case plans, treatment plans, and related activities are available to help professionals in their work. Opportunities should also be provided for joint planning and case management with families around shared goals. Institutional capacity can also be enhanced by using common language when communicating and through MOUs between agencies that delineate the information that will be shared.

The workforce should be trained on each system and able to access opportunities for professional development. It is also important to engage staff and leaders from partner systems in cross-training opportunities and to participate in training across sectors to build knowledge across all systems related to legal requirements, goals, approaches, and shared interests.

Promote collaboration. To foster a culture and climate of collaboration at the organizational level, it is important to create common values across systems. Each organization should develop advisory committees of core members with well-defined roles to provide guidance related to the selection and use of best practices and service provision. It is also important to develop an understanding of the larger local context and existing efforts with a similar focus; mobilize interest, consensus, and support among key stakeholders; identify champions and others committed to the change effort; and plan and develop a marketing strategy to gain the support of the community and policymakers (Adelman & Taylor, 2003).

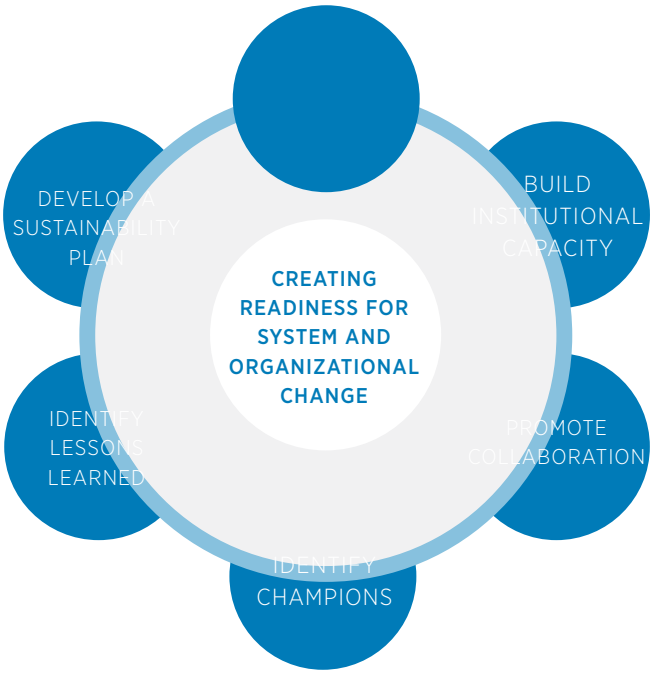
Identify champions. Organizations should engage nontraditional members who bring unique perspectives and resources and identify champions, particularly community leaders and members with lived experiences capable of promoting and supporting the collaborative efforts. At the system level, champions can play a key role in advancing the mission and vision of the initiative and systems should also seek ways to engage them in their work.

Identify lessons learned. Institutional capacity improves if lessons learned are shared through a learning culture, one where system partners learn from each other's experiences. This can be achieved through a continuous monitoring process that evaluates the system, creates a continuous quality improvement feedback loop through which lessons learned can be shared with partners, and informs development of the system.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Develop a sustainability plan. Developing a plan to sustain the program is often overlooked, but is an important area of focus. To ensure that the resources are available to sustain the initiative, strategies should be put in place during the planning phase to sustain the initiative beyond the grant funding period.

EXHIBIT 49. CREATING READINESS FOR ORGANIZATIONAL CHANGE



Linking Child-Serving Systems of Care Partners

All systems operate in complex adaptive environments where efforts to make the changes in infrastructure that are required to link systems are influenced by the unique local context in which they operate. Under these circumstances, the task of linking multiple child-serving systems, while highly desirable, represents the undertaking of an extraordinary process because the multiple systems that serve children and families are not only constantly in reactive mode but are also functioning in silos where they are managed by distinct policies tailored to achieve outcomes specific to each sector.

Linking systems is the first step in collaboration across systems and disciplines that brings together system partners to serve the needs of child and youth victims and their families. Through this spirit of community partnership, child victims and families are able to experience timely and seamless access to services, regardless of their point of entry to the system (OVC, 2018). As Exhibit 50 demonstrates, bringing together the systems that support child victims and their families represents the first stage of a process of linking systems that are so diverse that there may be some challenges in building a smooth functionality. For example, the juvenile justice system is guided by policies designed to address delinquent behaviors and prevent recidivism, while the child welfare system focuses on the safety and well-being of children, though both systems can include victims of crime. The juvenile justice system focuses on treating the offender and the child welfare system focuses on treating the victim, even though juvenile offenders may also need social services to address adverse childhood experiences and victimization. Thus, despite having a potential common interest of addressing multiple needs of children and families, each system focuses on different needs and provides separate interventions.

In addition, each system's established policies and guidelines, often grounded in statute, may prevent systems from partnering in ways that best serve the interests of children and families. Likewise, individual systems usually have distinctive approaches to funding, establishing and operating programs, purchasing strategies, use of technology, and human resource development, along with other structural differences (Capacity Building Center for States, 2017). Linking multiple systems therefore requires a conceptual framework with a clear philosophy and core values, yet allows local variations. This would enable each system to adhere to the broader values yet

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

address dynamics such as funding policies unique to individual system's structure (Stroul, Blau & Sondheimer, 2008). Linking systems based on this approach represents the most feasible way to bring about the "paradigm shift" (Bruns& Walker, 2010) that will promote system transformation (Walker, Koroloff & Bruns, 2010).

EXHIBIT 50. LINKING CHILD-SERVING SYSTEMS OF CARE PARTNERS

A Framework for LSC for Children and Youth Demonstration Sites

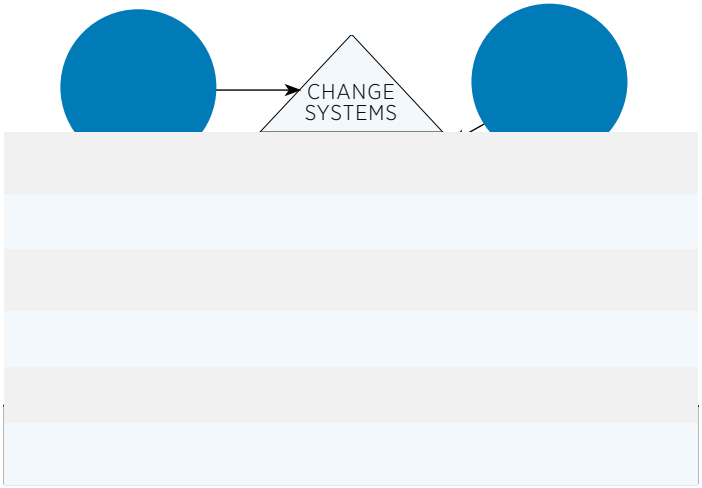
Demonstration projects are critical platforms for testing change processes because the demonstration sites assess the feasibility of instituting a workable program in the real world using a specific approach (Rutman, 2014). Prototype demonstrations focus on studying the process as the program unfolds, including all associated challenges. "The whole process—the false starts, frustrations, adaptations, the successive recasting of intentions, the detours and conflicts—needs to be comprehended. Only then can we understand what has been achieved and learn from experience" (Marris & Rein, 1969). Demonstration projects such as LSC are risky and challenging to evaluate. There are no guarantees for success, ways to determine beneficiaries and benefits, or when and whether the program will be implemented as intended (Perrin, 2002). Implementers should look to demonstration initiatives primarily for lessons learned, given the uneven progress that usually occurs during implementation, and because the outcome or impact evaluation is delayed until the demonstration is stable enough to produce meaningful results (Perrin, 2002; Fixsen et al., 2005). At the same time that sites are learning from their projects, they should be creating the building blocks for system change, a five-step process described by Linkins et al. (2013).

The Building Blocks for Creating Systems Change, developed by Linkins et al. (2013), can help align the activities and expectations of funders and grantees as they design and implement strategies to bring about lasting systems and policy change. The model identifies five domains for achieving this goal.

1. **Examine existing practices and recognize the need for change.** During this stage, information is collected about the needs of the target population, service capacity gaps, access barriers, and stakeholders needed to facilitate change. This is also the time to examine power structures associated with the systems involved to determine readiness for change, identify resources and leaders, and identify challenges and barriers.
2. **Increase visibility and awareness.** To increase the project's visibility, it is important to convene stakeholders with a shared interest in the issue to share what they know by forming community collaboratives or holding conferences within organizations at leadership and frontline levels. Visibility and awareness can also be enhanced by reporting on progress through various communication vehicles to gain support and possibly new partnerships.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 51. BUILDING BLOCKS FOR CREATING SYSTEMS CHANGE



Source: Linkins et al., 2013

3. **Develop partnerships and encourage collaboration.** Because partnership and collaboration do not occur spontaneously, steps must be taken to promote collaboration among key partners and allies within and across agencies and organizations. The purpose is to reduce fragmentation, increase the possibility for data sharing across service systems, and create opportunities to assess the impact of a program or intervention on individuals and the systems involved.
4. **Foster collective accountability, involving cultural change.** Organizations must consider the concerns of the community, foster a culture of collective accountability, and seek to identify other populations, policy issues, or social conditions that could be improved through a collaborative process in the community.
5. **Change systems, resulting in sustainable changes to policy and practice.** At the final stage, the collective efforts of the preceding stages should result in changes in policy, service delivery, culture, and practices that are sustained within the organization and across partnering agencies.

According to the model, step 1 is to identify and examine the problems the new initiative will address. This requires that program implementers identify the systems they want to change and the individuals with authority to make those changes. At this stage, it is also important to understand the power dynamics within the community. For example, if changes are suggested to the process of investigating a crime against a child, it would be helpful to get the support of the district attorney's office and have them outline how the changes might be brought about. This first domain also entails determining whether there is capable leadership to promote the vision and buy-in for the project and to identify and educate potential leaders. All of the LSC sites conducted a needs assessment to learn about areas of greatest need for child victims and their families. For the Montana and Virginia sites, extensive work was done to identify the state-level system leaders capable of helping influence changes to how services are delivered. The Montana site sought expertise from an existing group of state-level stakeholders, while the Virginia site created a new group of stakeholders from key state-level policymakers to serve as a governing body to advance the project.

The second domain in the model focuses on raising visibility and awareness by disseminating information about the program. It is important to focus on continuous public education to generate buy-in and public interest in supporting the project. Sites should invite stakeholders to participate in the collaborative and spread the word about the initiative. This second stage is important because stakeholders are often key to accessing additional resources, including funding. All four demonstration sites dedicated significant amounts of time to engaging stakeholders. They shared information about the project with potential stakeholders they wanted to engage from existing state-level groups, state agencies, and local organizations

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

that serve children and families. Montana and Virginia used referral matrices to garner buy-in for the project from the potential pilot areas and build partnerships in the communities. These strategies helped the sites spread the word about the project.

At the third stage of the model, more partnerships and collaborations are developed. Sites should develop memorandums of understanding and agreement (M OUs and MOAs) that outline the roles and responsibilities of each partner. These M OUs and M OAs are important to keep a record of the commitment to the project and ensure that even if there is a staffing change the expectations are clear and not reliant on a staff member's recollection. This stage also entails creating awareness of the benefits of collaboration and making efforts to establish written agreements to share certain data, such as indicators of progress and evaluations. Building partnerships should help reduce fragmentation of services as systems work together more closely and take on more collaborative activities, such as joint trainings. The experiences of the demonstration sites underscore the importance of building partnerships and collaborations. For example, Montana partnered with a tribal site to establish an MOU that allowed them to conduct a policy review and begin revising the screening tool and associated materials. The Virginia site also engaged partners by inviting professionals from across the state to participate in a webinar to prompt interest in piloting the victimization screener.

Within the fourth domain, activities take place that confirm the collective accountability among partners toward an overall cultural change. Collective accountability means that projects balance internal and outside interests and support a common goal. At this stage, the overall culture around the work of the project shifts. For example, there may be more coordinated activities—such as data sharing, joint funding of opportunities, joint applications for funding, and working together to bring about policy change. There may also be less competition among partners and more efforts to work collaboratively. This partnership was evident in the case of the Montana site and its engagement of tribal partners in the project. For its work with Fort Belknap Reservation, the site reached agreement with the tribal leadership on the gathering and ownership of data. The Montana site partnered with the agency administering VOCA funding to secure funding to enable service providers to make much needed services available to the community.

For the fifth domain, and final stage, systems change becomes more evident, although it may have been noticed with the cultural change from the previous stage. Systems change means that the project is fully sustainable and does not rely on grant funds or external expectations. However, it will be important to continue to build and maintain relationships across systems to achieve the shared vision and ensure that the project serves the needs of the population over the long-term. Because the LSC demonstration sites are still in the early stages of the project, it will be some time before they reach this fifth stage.

Specific Strategies for Planning and Implementation of Systems Change

In addition to the building blocks tool developed by Linkins et al. there are many other ways to plan and implement a project like LSC. Generally, these different approaches or methods are described in the field of "implementation science" and related areas such as "dissemination and implementation science" that seek to increase uptake of evidence-based practices in a particular field. According to research, endorsing and applying evidence-based practices is a slow process; it often can take more than a decade for the translation of new research findings to be applied in practice (Green, Ottoson, Garcia, & Hiatt, 2009). Much of implementation science is

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

consistent with a broad conceptual framework for creating systems change but with more prescriptive action steps or strategies for planning and implementation.

The LSC demonstration sites are at different stages of the implementation process, with Cohort 1 (Montana and Virginia) being further along. Therefore, understanding that some of the models and frameworks in implementation science were designed to promote the use and integration of research evidence into policy and practices may be helpful to the sites as they advance into the implementation stages of the project. According to the National Implementation Research Network (NIRN),implementation science is generally "the study of factors that influence the full and effective use of innovations in practice. The goal is not to answer factual questions about what is, but rather to determine what is required." Some examples of widely known models and frameworks include NIRN (Blase et. al., 2013; Fixsen et al., 2005), the National Technical Assistance Center (Stroul et al., 2015), and the Quality of Implementation Framework, developed from a synthesis of the literature on 25 frameworks for implementation from multiple disciplines, including health care and community-based prevention services (Meyers, Durlak, & Wandersman, 2012).

Knowledge gained from these frameworks describe how to plan and implement programs for the purpose of systems change. The following sections describe an approach to planning and implementation, which is commonly used in the field of implementation science. This approach identifies four keys stages of planning and implementation, which enables the system to achieve systems change (see Exhibit 52). Phase 1 is the "exploration stage," during which sites assess their readiness for change and consider evidence-based interventions and practices that the program will use. The sites examine the fit of the intervention to the needs of the population of focus and assess the feasibility of the intervention as well as identify program-related needs for resources such as training and technical assistance. During stage 2 of the planning phase, which implementation science describes as the "installation phase," sites make the determination about the availability of resources that are necessary to initiate the project. This includes considering the availability of staff, space, equipment, organizational support, and new operating policies and procedures. The third phase, which is described as the "initial implementation" phase, is dedicated to learning the new operations and learning from mistakes. The process of engaging the required stakeholders to implement project components and promote buy-in continues during this stage. Significant time is dedicated to problem solving at both practice and program levels. "Full implementation" is the fourth and final stage, and during this stage, efforts are made to ensure that all components are integrated into the organization and are functioning so that the desired outcomes are achieved. At this stage, the program or intervention is fully integrated into the organization, project staff are skilled in service delivery, and new processes and procedures are now routine. The following sections describe some key tasks that must be completed to facilitate the planning and implementation of demonstration sites like LSC by future sites.

> Implementation science is "the study of factors that influence the full and effective use of innovations in practice. The goal is not to answer factual questions about what is, but rather to determine what is required"
>
> *-Fixsen et al., 2005*

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

KEY TASKS OR ACTIVITIES FOR SUCCESSFUL PLANNING AND IMPLEMENTATION OF LSC DEMONSTRATIONS

A practical approach to the planning and implementation process includes two planning stages and two implementation stages, see Exhibit 52. These stages can referred to using different terms, depending on the implementation science model. The initial planning stage should be the finalization of plans made during the proposal writing stage and before the grant award is made. For example, the written LSC grant proposal should have some discussion of the potential population of focus, their needs, and a theory of change. After OVC awards the grant, the planning phase should begin with a focus on finalizing tentative decisions made during the grant-writing process. Early in this process, it is important that decisions are made on the levels of coordination, collaboration, and integration desired between the different systems (i.e., coordinated, co-located, or integrated).

Create a planning and implementation team. For a project to be successful in achieving its objectives, it is always important to have the right people at the table. In the case of the LSC program, give careful consideration to who and what agencies or systems need to be part of the project to meet the specific objectives. Once identified, assign each person specific roles and responsibilities, preferably in an area of personal interest or one where they carry the most influence or expertise. Because the nature of linking systems requires bringing together relevant systems, teams should be comprised of persons from multiple systems and even disciplines. Some people may represent direct service providers (e.g., victim advocate), while others might be a representative of the broader legal system (e.g., prosecutor). Each has unique expertise, and must have a role that is consistent with their capabilities. In LSC demonstration sites, multiple systems are represented, thereby requiring careful attention to the roles each system and system representative can play in achieving the specific project objectives. Every team member must have a clear role and set of responsibilities to fulfill. This task presented some challenges for Montana and Virginia in particular who found that, despite their efforts to include a broad cross-section of stakeholders in their stakeholder groups, not all groups were well represented. For example, there was insufficient input from local communities in Virginia and local and tribal communities in Montana, and this caused a delay in piloting the screening tool in these communities. The sites also realized that there is a need for role clarification within stakeholder groups, which contributed to reduction in stakeholder engagement, challenges in buy-in for piloting sites, and delays in linking their systems of care.

Determine need. A needs assessment is essential to determine the needs of victimized children and youth. If conducted thoroughly, the needs assessment will identify the characteristics of the population, where they reside, and their "true" need. It is common that victims' needs are discussed anecdotally but not documented in a way that convinces the wider community that something needs to be done to assist them. By learning about the population of focus, the team can ensure that the program is tailored to the specific needs of the population. For example, if identification and referral of victims is identified as a pressing need by the demonstration site, then the team can list this as an objective in the logic model and work to determine how best to address the need. Once the specific objectives are identified, the team should document the activities that have to occur to meet the objective, as well as the outputs that those activities will generate. When creating a universal screener, a new mechanism, or procedures for victim referrals, for instance, include every activity necessary to achieve

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 52. PLANNING AND IMPLEMENTATION PHASES

PLANNING PHASE	ACTIVITIES
Stage 1 Assess readiness for change, adopt evidence-based practices, check fit of program to the needs of child victims and families, and develop a logic model that will actually be implemented.	▪ Identify the population of focus. ▪ Conduct a needs assessment to establish the needs of the population of child victims and gaps in services. ▪ Create an implementation team with appropriate expertise in working with child victims, who know their roles and responsibilities. ▪ Identify the evidence-based intervention that is appropriate for child victims. ▪ Develop the theory of change (logic model) to reflect what will actually be implemented. ▪ Engage an evaluator who can clearly articulate the theory of change and develop performance measures and technical assistance and training expertise. ▪ Identify the structural and functional changes in policies and guidelines and services that will need to occur. ▪ Develop a strategy for selecting pilot sites. ▪ Develop a communication plan to fully communicate goals and objectives of the project and project progress over time, including MOUs and MOAs. ▪ Develop the sustainability plan and engage state and local stakeholders.
Stage 2 Ensure availability of resources to initiate the project, such as staffing, space, equipment, organizational supports, new operating policies and procedures, and coaching and support plans.	▪ Select the "first implementers" or pilot sites. ▪ Outline how the implementation will take place, including new operating procedures. ▪ Develop a plan for feedback loops to provide information. ▪ Ensure the availability of adequate space, equipment, and organizational supports. ▪ Identify trainings, resources, and logistics, and train the first cohort of implementers. ▪ Develop coaching and support plans for practitioners. ▪ Evaluate readiness and sustainability of fidelity of data system.
IMPLEMENTATION PHASE	**ACTIVITIES**
Stage 1 Involves the project launch and is characterized by frequent problem-solving at the practice and program levels. Organizational leaders and staff learn the new ways of working, adapt and learn from mistakes, and continue the effort to achieve buy-in from those who will need to implement the project components.	▪ Launch the program and continue to engage potential partners. ▪ Revisit the logic model, the identified activities, and who will undertake them. ▪ Identify problem areas at practice and program levels and seek solutions to them. ▪ Develop, plan, and begin to coach and evaluate implementers as the program rolls out. ▪ Develop and revise policies and procedures to support the new ways of working. ▪ Develop data systems for tracking and reporting outcomes and accountability for these tasks.
Stage 2 The new program or practice is integrated fully into the organization. Ensure components are integrated into the organization and are functioning effectively to achieve desired outcomes. Staff are skillful in service delivery, new processes and procedures have become routine.	▪ Ensure that monitoring and support systems are in place and functioning. ▪ Engage practitioners in leadership and implementation meetings to gather their input as part of the feedback loop. ▪ Communicate changes in policies and guidelines resulting from feedback. ▪ Begin data collection and use data to inform decision-making. ▪ Develop a continuous quality improvement process to address issues based on data, develop plans, and monitor plan execution and assess results. ▪ Ensure that the assessment tool is validated before implementation and staff are trained to use it. ▪ Ensure that data systems are in place to gather and store data and a determination made as to who can access the data.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

those outputs. Later, assign these activities or tasks to specific individuals or partners to ensure accountability. Understanding the needs of victims can also help when selecting appropriate evidence-based interventions that have worked successfully with this population. By selecting and implementing evidence-based interventions appropriate for victims, it is more likely that victims will receive appropriate services and have successful outcomes. The sites worked with stakeholders to consider what data they would collect and determined they need to combine data from multiple sources. Stakeholders provided feedback about the types of questions to ask and connections to support data collection efforts. Sites collected data using surveys, focus groups, and policy and literature reviews, obtaining information from state- and local-level stakeholders and service providers who serve youth victims and their families.

Stakeholders at the Montana and Virginia sites advocated to include youth and families in the needs assessment to ensure the perspectives of those with lived experience would inform the process. The sites attempted to include these perspectives through interviews and listening tours, but experienced significant challenges in recruiting families to participate. As a result, the perspectives and experiences of those seeking services are largely missing from the needs assessment activities.

Having identified the need to better identify child and youth victims as a priority based on the needs assessments, both the Montana and Virginia sites worked with the TTA provider to develop a trauma-informed screening tool. To create the tool, the sites conducted the required research of the literature and other standardized assessments to better understand the scientific evidence supporting the use of this approach to ensure the tool's validity and ensure that it would lead to positive outcomes for children and youth.

Develop the theory of change. Development and agreement on a sound theory of change, outlined in a logic model, can go a long way toward educating team members and stakeholders about the project's goals and anticipated outcomes. The logic model should show the needed resources, the activities to be undertaken and the timeline, who will be responsible for the activities, and the expected outcomes. The logic model is an important tool to communicate the project's conceptual framework, and thereby foster dialogue around the shared vision for the project and promote buy-in for the goals and objectives of the project. Use of a logic model also highlights necessary structural and functional changes that may need to occur in systems operations, such as screening and referral processes and the roles and responsibilities of each organization. For example, if in response to an identified need there is a decision to extend service hours, make plans to employ additional staff and ensure that space is available to facilitate the service change.

A skilled evaluator, who is capable of articulating the theory of change, should lead the development of the theory of change and the appropriate indicators that will be used to measure program outcomes. M any programs encounter problems during the remaining period of implementation and in determining outcomes because they do not have an evaluator who can help with decisions around data collection, confirm that the program activities align with the logic model, and ensure that programs are implemented with fidelity to the model. The evaluator should be involved in the planning process so that the measures, instruments, and data collection procedures and schedules can be carefully coordinated and sustained over the course of the project. For any program set up for an evaluation, the program model must be well defined, with attainable and measurable goals, objectives, and outcomes that are clearly identified. Developing a logical model along

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

with the needs for proper measurement and evaluation, a project gains greater programmatic knowledge of what is necessary to achieve its objectives and lays the foundation for tracking the performance of the project. Then it is time to consider an appropriate study design. Early in the planning phases, the evaluator should be assessing data availability along with the timing for data collections, measurements, and reporting. It is critical that the demonstration sites clearly define the role of the evaluator or research partner to support early planning, performance monitoring, and evaluation.

A logic model can also be very helpful for developing a practical and feasible scope of a project and timeline. It is not uncommon for a project intended for state-level implementation to "bite off more than it can chew." That is, take on numerous objectives and have multiple activities associated with them that cannot be achieved in the timeframe of the project or grant period. In most instances, this situation traces back to a poorly conceived logic model that does not outline all of the activities for each objective clearly and consider a timeframe for accomplishing each activity. A sound conceptual framework via an exhaustive logic model can prevent project extensions and delays in implementation. With such a model, the site can align each activity with the necessary time and resources to complete each task.

Both the Montana and Virginia sites articulated a theory of change for the project by developing logic models that outlined the project objectives, input, activities, outputs, and outcomes so that stakeholders and the implementing team had a roadmap for the project. They also engaged partners and subject matter experts in an advisory capacity on the project, including partners from existing local linking systems of care efforts in the state, to provide their expertise in developing and implementing their approach.

Select sites. During this stage, the team decides where to pilot the program. Project staff should use the findings of the needs assessment to select the sites where the project will be piloted. The team should also weigh the benefits of implementation in one site as compared to another to ensure successful implementation. Because partner agencies are required to abide by certain regulations and guidelines, this may limit how they participate in the project and how they use their resources. For example, there should be early inquiry about whether agencies are willing and able to collaborate, and if there are local or agency restrictions on certain activities, such as paying stipends to study participants. It is also important to consider the location of sites and the logistics related to delivering services. For example, more travel time must be allowed for visiting rural sites to provide services and to assess the implementation process. Other logistics to consider include the capacity for data sharing, whether there has to be negotiations with other partners to access data and are there stakeholders who can help with the process.

In addition to these considerations, site selection should be viewed through the lens of "site readiness" to participate. This readiness assessment should take into account the site's appropriateness for fulfilling the programmatic objectives of the project and its capacity to support performance measurement and evaluation activities. From the program and LSC point of view, it is critical that the site contains the appropriate target population (e.g., crime victims), delivers the targeted assessments and/or services (e.g., screening, referrals, and interventions), and has capacity and uses evidence-based practices. To assess the level of each of the four sites' readiness, the evaluation team conducted an evaluability assessment, and those findings are presented as part of this compendium. The evaluation considered readiness from an evaluation perspective as

involving the consideration of the site and its potential for identifying equivalent comparison groups, data sources, and various other aspects of determining the internal capacity to support an evaluation (e.g., leadership supports, interest in knowing the effectiveness, willingness to share data and information, staff qualifications). Based on the results of the evaluability assessment, the current demonstration sites are moderately prepared to participate in an evaluation. Thus, it is important for states and other jurisdictions contemplating creating LSC demonstration sites to consider both program and evaluation readiness.

Develop a communication plan. One of the best ways to establish a strong foundation for a project is to communicate the goals and objectives of a project clearly. The communication plan should provide information about how the program will be implemented and the key responsibilities of different members on the team representing distinct systems. A good communication plan outlines the timeline for key activities and what resources are necessary to achieve success. Communication plans may also outline key benefits, risks, and potential challenges and barriers to project implementation or when a project is being scaled up or expanded. More formal communication may involve MOUs or MOAs between systems with distinct missions and values to ensure that there is common understanding on areas of collaboration. These agreements should also contain a consensus on the type of data necessary to track progress and evaluate the program, and what and how to share the data. Data and information sharing within the parameters of existing laws and privacy rules is a common hurdle that projects must overcome when seeking to link separate systems and agencies that represent them. Because communication is critical to the success of the LSC program, the Virginia and Montana sites focused strategically on the logistics surrounding engagement of stakeholders and gaining buy-in for the project by communicating in ways that allowed for sharing information quickly. For example, both the Virginia and Montana sites leveraged technology to develop and disseminate project newsletters to stakeholders. Virginia also developed a public-facing website as a broader way of sharing information. The sites also developed MOUs that outlined the terms of the collaborations. Because the projects are not implemented fully, no data sharing plans were put forward. But the design of the projects, which already entails engagement of principle system partners, should facilitate this process.

Develop decision support data systems. A key organizational driver in implementation science is the decision support data systems or sources of information that help staff members make good decisions. The collected information may be used to assess key aspects of both the system's and organization's performance, provide data to support decision-making, and ensure continuous implementation of evidence-based interventions and benefits to victims and families. Demonstration sites varied considerably on their capacity to access and analyze data for the purposes of informing decisions. In some cases, performance and outcome measures were not fully conceptualized to allow for the identification of possible data sources and their quality. Decision support data systems are key to continuous quality improvement, and without them, it is impossible to say with certainty whether and how child victims improve after entering services. For example, data collection over a long period can show the services used and the changes in clinical and functional outcomes, such as functioning after exposure to a traumatic event.

Build institutional capacity. If the project is to be successful, it is critical that sites invest adequate resources into the project to ensure that the agencies within the system are capable

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

of delivering and evaluating the program. Capacity building means ensuring that the organization and staff obtain, improve, and retain the skills, knowledge, and resources needed to achieve competence in the work. One way to achieve this is by providing training for staff and ensuring that the agency has adequate funding to cover services. Some coaching and support will be needed for practitioners who are implementing the interventions. Training and coaching is important and should be repeated over time to ensure that the intervention continues to be applied with fidelity to the model. For example, if staff do not conduct the assessment of victims in the same way, it could lead to variations in the information gathered, which makes it impossible to tell with certainty whether the project had the expected outcome. Develop clear protocols on policy and procedures to guide and inform staff on the proper use of screeners and the steps involved in making and tracking referrals, for example. Enhance the capacity of the team to participate in the evaluation of the project. The team should participate in developing the logic model so they understand how the project pieces support each other and how they impact their work. Additionally, train staff in data collection so they collect data that are accurate. Both Montana and Virginia sites took steps to ensure that the implementers of the screening tool are trained and have the available training resources needed to supplement the training. In considering their readiness to conduct an outcome evaluation, the teams at both sites felt they had the necessary leadership support for the project, but maybe not the infrastructure necessary for data collection and analysis. As such, both sites will continue to enhance their capacity in the area of data collection and analysis to monitor the project effectively to determine its success in achieving its outcomes.

Planning for sustainability. Some of the most successful demonstration programs develop a plan for sustaining the program in the initial planning phase; however, this approach is rare and too many programs fail after the grant ends because there is no plan to sustain the program and related activities over the long term. Collaborative sustainability planning has the added benefit of putting more funding options on the table. The literature provides a great deal of guidance on the factors that can increase the likelihood of sustaining the program once the grant period ends. Some of the factors applicable to linking systems of care include: (1) having an ongoing accountability focus and process, (2) creating an effective advocacy base, (3) using evaluation data to "make the case" for sustaining the program, and (4) continuous cultivation of interagency relationships, training key staff and partners, and developing political and policy-level supports (Stroul and Manteuffel, 2007). Therefore, it is extremely important to involve key state and local stakeholders in sustainability planning at the early planning stage so that they can help in thinking strategically about how to maintain the program over time, particularly with regard to funding.

The Montana and Virginia sites began contemplating sustaining the LSC project later in the planning phase. The Montana site plans to sustain its efforts by building strong community support for the screening tool and linking its use to the Connect System, through which children and youth are referred for services. Getting the screening tool integrated into the Connect System means that the tool will be used statewide when Montana takes the system statewide. By including the tool in the Connect System, there is the potential to gather outcomes data, which can monitor the system and measure performance outcomes. The Virginia site is also focused on sustaining the project through the creation of sustainable materials, such as a screening tool, training guide, and resource mapping guide that can be disseminated to other communities. The

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

site is also investing in a screening tool app or electronic platform that will enable system partners to screen efficiently and refer children and youth as a way of sustaining the project.

Preparing for an Outcome Evaluation

Experts in exploratory or innovation research suggest that evaluations be limited to a focus on the process, and that evaluators tailor methodologies to correspond with that level of inquiry. The LSC demonstration sites represent the application of an innovative approach to creating systems of care for child and youth victims of crime. This means that the demonstration sites should first focus their data collection and performance monitoring efforts on understanding whether the approach is implemented as intended, capturing unintended consequences, and providing lessons learned from "successes" and "failures" (Perrin, 2002). The evaluation of program outcomes should be delayed until the program is at an appropriate stage of development for determining progress in outcomes. While the planning and implementation phases of each project are usually delineated clearly, determining when to switch from planning and implementation to an outcome evaluation may not always be clear. There is no specific timeframe when the evaluation of outcomes occurs, but the timing is linked to the maturity of the project, which may vary from program to program. As noted in the formative evaluation chapter, each site is at a different stage of project development, with two states having just completed their 15-month planning period.

One of the key lessons learned from the current demonstration sites is that it is best to design an outcome evaluation during the program's planning process prior to its implementation. The evaluator should be involved in the planning process so that the measures, instruments, and data collection procedures and schedules can be carefully coordinated and sustained over the course of the project. The program model must be well defined, with attainable and measurable goals, objectives, and outcomes. At this point, an appropriate study design can be considered. The choice of design will determine whether an outcome study can isolate the effects of the program, rule out competing explanations, and produce valid results. An evaluator must also examine issues of surrounding data quality and availability, along with the timing of data collections and measurements. Finally, any evaluation must have ample support and commitment among leadership, program staff, and other stakeholders on the importance of data collection and evaluating the program's effectiveness. To support an outcome evaluation adequately, the sites may benefit from considering several key components related to outcome evaluation.

There are a number of ways to assess the maturity of a program and its readiness for an outcome evaluation. The approach we took in the evaluability assessment was to assess "maturity" via three areas of measurement, with each designed to determine "readiness." These indicators were discussed at length in Chapter 3. They included the following:

1. **Site-Level Readiness.** Site-level commitment and prioritization of evaluation activities, including existing support for evaluation and use of data to inform decision-making, especially among site-level project leadership, as well as the existence of infrastructure to conduct evaluation activities.
2. **Project Readiness.** Project-level elements necessary for rigorous outcome evaluation, including operational readiness, support for evaluation among stakeholders, and program scale and maturity.
3. **Evaluation Readiness.** Having in place the key components required for rigorous outcome evaluation, including evaluation capacity, measurable outcomes, appropriate evaluation design, and data systems.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Other methods seek to capture aspects of program maturity using similar indicators but expressed in different ways. For instance, this guidance provided by the Centers for Disease Control and Prevention (CDC, n.d.) establishes the conditions under which sites should consider conducting an outcomes evaluation:

- **Sustainability:** Prior to assessing the success of a program, implementers should determine whether the political will and the resources are there to sustain the program while it is being evaluated.
- **Fidelity:** Assessment of fidelity requires that the intervention is being implemented consistently with the way the intervention is designed. Implementing an intervention without integrity to the model will make it difficult to assess its fidelity to the model.
- **Stability:** The intervention must be implemented consistently, in the same manner over an extended period, before it can be successfully evaluated. Changes to the intervention will confound the understanding of which aspects of the intervention caused the outcomes.
- **Reach:** The intervention must reach a large enough number of beneficiaries to provide an adequate sample size to produce a sufficiently significant change to determine whether the program is effective.
- **Dosage:** The population of focus must have sufficient exposure to the intervention to result in the intended outcomes. Therefore, they must receive the intervention for a long enough time, in large enough amounts, to determine whether the intervention has made a difference.

Regardless of the method of assessment, programs should have the capacity to monitor program performance and provide feedback to the site planners and key implementers. This allows the program to determine whether it is meeting its targets of fidelity and timing. These performance data or process measures can also be used for the systematic assessment of outcomes. The results of the LSC evaluability assessment determined some sites had not progressed enough to operationalize the performance indicators that would be most meaningful for tracking purposes adequately, nor had they determined which data systems or sources could be exploited to measure the sites' progress on key objectives, activities, and outputs. Sites are determined to be only moderately ready to support an outcome evaluation.

LINKED SYSTEMS AND THE ASSESSMENT OF LSC OUTCOMES

To evaluate the performance of a system of care, it is important to identify the foundational/grounding aspects and components of the system that must be in place to ensure that a program is ready for an outcome evaluation. The process of conducting an evaluation of a linked system of care varies somewhat from evaluating a traditional hierarchical system because the linking of multiple systems also requires working horizontally across multiple systems (i.e., "governing by network") to improve services, rather than hierarchically within one system (Goldsmith & Eggers, 2004; Kamarck, 2007). In planning for an evaluation, the demonstration sites and system administrators must recognize that the whole system is more than the aggregate of the individual systems that make up the overall initiative (Kamarck, 2007). Therefore, assessment of system performance must occur not only within each system but across systems. Demonstration sites should establish performance standards and measures so that they assess the performance of the overall initiative, as well as the performance of individual systems that participate in the initiative (Kamarck, 2007).

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

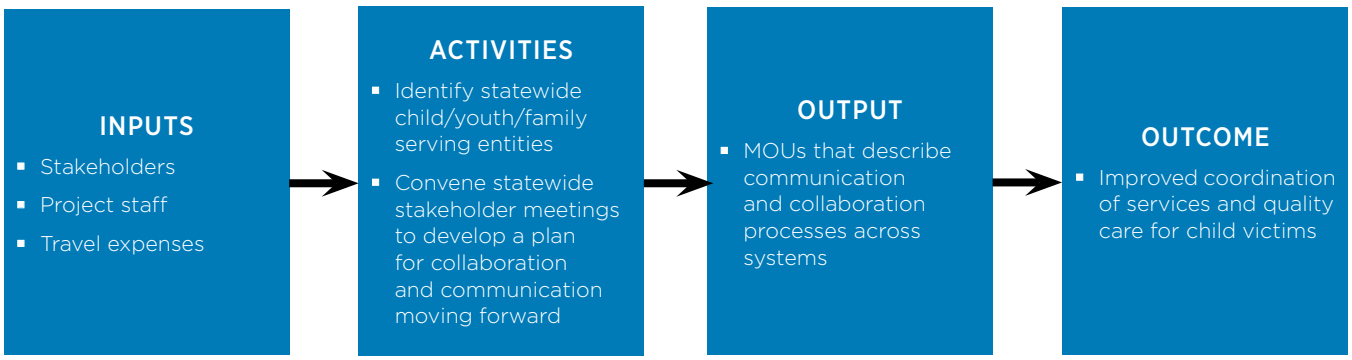
For this purpose, demonstration sites and project leadership can monitor system change by examining the shifts in patterns across the system over time that describe similarities, differences, and the relationship in multiple units of analysis and within multiple sites (Eoyang & Yellowthunder, 2007). This can be done, for example, by tracking how goals and activities align hierarchically within a program, division, and department, and horizontally across the different departments, divisions, programs, and units (Eoyang & Holladay, n.d.). These data collection, analysis, and reporting activities can help the program develop according to design, as well as prepare the program for a formal evaluation of outcomes. Demonstration sites should consider clearly mapping the status of the accomplishments of the initiative against what it is trying to achieve and how the change process is expected to occur (Coffman, 2007; Parsons, 2007; Hargreaves, 2010).

A logic model might be useful for sites to outline the program's theory of change and assess whether systems are on track to achieve their goals or have achieved the desired outcomes. Exhibit 53 shows the components that are required for such a logic model, which should be designed around the project's goals and objectives. Goals state the outcomes that are expected if the program is successful, while the objectives state the outcomes to be achieved. Each logic model needs to describe the project's objectives to avoid misunderstanding the purpose of the program. For objectives to be useful, they should be "SM ART," meaning that they should be specific, measurable, achievable, relevant, and time-bound. Other components of the logic model include the inputs that describe the available resources to achieve the outcomes, and the activities that describe the processes, tools, and actions that will achieve the outcomes. There are also outputs in every logic model that describe what is produced as a result of the program activities and outcomes that help determine if the program goals are achieved. Outcomes may be short-, intermediate-, or long- term. Short-term outcomes should describe initial change in the target population after implementing certain activities, and intermediate-term outcomes represent the changes in behavior, norm, or policy as a result of the program activities. The long-term outcomes occur at the later stages of the program and represent longer lasting change in the conditions the goal of the program is designed to address.

Goal: To improve responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and full range of victim needs.

Objective: To better identify child victims and refer them to appropriate services by establishing a network of stakeholders composed of stakeholders of all child-serving systems within six months of the planning phase of the project.

EXHIBIT 53. LOGIC MODEL EXAMPLE



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The logic model is integral to developing an outcome evaluation and any plan to evaluate outcomes must begin with a review of the logic model (Salabarría-Peña, Apt, & Walsh, 2007). Although there are several approaches to conducting an outcome evaluation, the Getting to Outcomes model has proven particularly relevant for programs seeking to assess outcomes in the context of achieving change in systems where collaborators are required to work together to achieve outcomes for the benefit of a population of focus. A 10-step model, which has been used by SAM HSA-funded systems of care for over a decade, has enabled systems to increase capacity and performance. Exhibit 54, which is based on the Getting to Outcomes model (Chinman et al., 2008), provides a 10-step approach for planning an outcome of a program in the field of child victimization.

Recommendations for Future Sites

Systems change entails altering the behavior of individuals, organizational structures, culture, and climate. Linking systems can be successful only if there is change in the way individual systems function and align themselves with the larger system goals. LSC demonstration sites tested the process of linking systems and created the structures to build a network of care for child victims. As the sites prepare to or continue to implement and later scale up the initiative, they must prepare to support an external evaluation of their efforts to assess the extent that their projects change the way child-serving systems function as part of a linked system of care. They must also create the capacity for determining whether the system changes have a significant effect on the lives of victimized children and youth.

This section summarizes recommendations for how current and future LSC sites can ensure that the planned changes occur both within systems and across systems of care.

Develop and refine logic models. Logic models provide logical links between the program goals, objectives, activities, and outcomes. They are the road map for the program's activities and intended effects. Sites should therefore devote time to developing a clear logic model initially and refining it as the program progresses. It will help project teams track progress and whether the project meets intended goals and objectives.

Develop a practical and feasible timeline. Sites must be realistic in their goals and objectives and the timeline for completing tasks. This is a challenge that can be overcome by using the logic model, retaining the expertise of a researcher, and making the project manageable by not aiming to do too much in a limited period.

Clarify roles of research partners. Research partners bring specific skills in the field of program design, monitoring, and evaluation that are important to the project's getting off to a good start and remaining on track. Research partners can be most helpful if their roles are clearly defined based on the needs of the project. They should assist with the development of logic models, identifying relevant performance measures, and periodically reporting on project results. They can also determine whether adequate data systems and sources are in place for measuring performance and outcomes, or develop new data collection protocols to fill gaps in data availability and access.

Identify internal evaluation capabilities. Projects should invest resources in evaluation-related tasks such as effective refinement of measurable outcomes, evaluation planning, data mapping for evaluation, etc. Sites should assess their internal capabilities to undertake these tasks

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXHIBIT 54. 10-STEP APPROACH TO EVALUATE OUTCOMES (BASED ON THE GETTING TO OUTCOMES MODEL)

FOCUS	
1. Select the problem to be addressed.	Child victims may be affected by multiple problems. While focusing on one specific problem, keep in mind that there are other influencing factors, such as: ▪ Trauma exposure ▪ Inability to access services ▪ Limitations of the justice system
2. Determine the goals of the program.	Goals should be realistic and take into consideration the realities of the legal system and its parameters and provisions.
3. Determine the population of focus.	Understand that the population of child victims is affected by trauma and is susceptible to further victimization due to homelessness, child abuse and neglect, involvement with child welfare, and the legal system.
4. Determine the outcomes.	Articulate the change that is expected and select the indicators that will measure program effectiveness. Outcomes may take some time given that it is often difficult for victims to come forward and seek services. Outcomes must be specific and measurable and serve to measure progress over time.
5. Identify appropriate, evidence-based practices.	Choose services for which there is a base of evidence of being effective with child victims.
6. Provide resources.	Provide staff with expertise in working with child victims and in areas such as trauma. Select trauma-informed resources to support staff in delivering the appropriate services. This also entails engaging a researcher with experience in monitoring programs in the field of child victimization to help the program determine the specific, measurable outcomes appropriate for the program.
7. Develop a plan for monitoring the program.	Focus on assessing whether the beneficiaries are victims of crime, as well as whether the services are applied with an understanding of the special needs of victims.
8. Evaluate the success of program in achieving the desired results.	Determine whether the victims received services that were sensitive to their needs and whether the intended outcomes were achieved.
9. Plan for continuous quality improvement.	Develop a set of indicators of progress made by child victims in terms of dealing with trauma and other problems associated with their victimization. Develop a plan of corrective action when there is poor performance on indicators.
10. Sustain the program	Develop the means for sustaining the program and creating program stability through engaging champions in the field of child victimization, such as researchers, policymakers, advocates, and persons with lived experiences.

▪ Source: Chinman et al., 2008

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

and, if unable to do so, engage external support. By doing this, they are likely to be better able to gather data that will help them track progress and determine the success of project.

Develop formal partnership agreements. A written partnership agreement with each partner agency should outline exactly what will be contributed to the project and under what terms. By creating formal agreements, partners are more likely to honor their responsibilities to the partnership, and each person on the team representing distinct systems can be held accountable for their individual contribution. An agreement in writing further increases the likelihood that the arrangement will remain intact, even if the original signatory leaves the position, and thereby contributes to the sustainability of the project.

Establish roles and responsibilities of system partners. Each system partner should have a clear understanding of their roles and responsibilities as members of the system of care. It is common for partners to disconnect from a project when it is unclear that there is a need for their expertise. To avoid this, sites should ensure that system partners have clear direction on what is expected of them as well as any related timelines and other specific conditions related to task completion.

Develop policies and accountability structures. All system change efforts are accompanied by changes in policies and accountability that affect the ways that individuals collaborate. Without clear policies and accountability, it is difficult to manage the project functions so they are completed in a timely and efficient manner. Sites should implement policies that establish the expectations of partners and promote accountability.

Maintain strategies for partner engagement and collaboration. A key characteristic of systems is that they enable partners to achieve more through partnership than independently. Sites should therefore make partner engagement a priority. They should continually focus on engaging partners and building and strengthening collaborations. They should use strategies to keep partners engaged over time.

Identify data sources and develop data systems for monitoring performance and outcomes. Data help determine whether a project is on track to meeting its goals. Sites must identify available data sources and put appropriate systems in place for accessing and monitoring the data from assessment to referral to outcome.

Invest in identifying a methodologically sound design for outcome evaluation that delineates a clear project baseline and identification of comparison groups. Sites should plan an approach to evaluation that enables them to implement a research design with a clear baseline. In this way, program progress, changes in outcome, and the impact of the program can be properly assessed. Sites should also identify potential comparison or control groups early in the planning process to allow later assessment of program effectiveness.

Ensure quality service delivery and the use of best practices. To ensure delivery of high quality services, it is important that sites select qualified staff, offer training, and provide support through coaching and feedback. No level of collaboration and coordination will have positive impacts on child and youth victims of crime if the services provided are not delivered effectively. Sites should consider assessing service provider delivery operations for adherence to best practices in the treatment of crime victims.

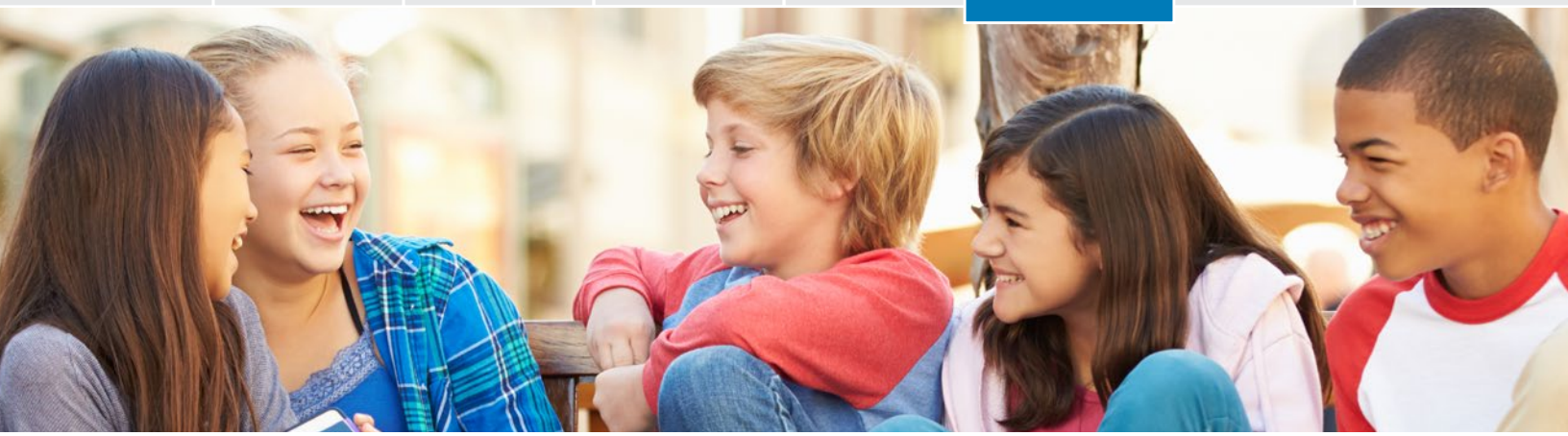
Begin planning for sustainability early in the planning process. Sites should consider planning early for sustainability. Sites should also use their data to "make the case" for why a particular program should be continued, and foster continued commitment to the project's shared vision and operations among partners and other stakeholders.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Systems change is a complex process that disrupts the status quo in favor of alternative approaches to doing things. Systems and the organizations they host do not always like the changes in service delivery required to achieve a functional system of care. Preparing for the challenge of implementing change is difficult. M any change efforts fail because of a lack of appreciation for the steps necessary to create change within and across systems. The findings of this report make clear that systems change requires relentless commitment to a shared vision and a systematic process of action-oriented planning and implementation.

Despite concerns that come with a paradigm shift, only a complete change in the way systems operate and services are delivered can produce lasting change. By providing a deeper look at the complexities of systems change and the fundamental principles for planning and implementing change, this report aims to provide current LSC demonstration sites with useful information as they continue the difficult work of creating a systems of care for crime victims in their states.

This report used systems change theory and knowledge from the field of implementation science to provide meaningful, practical information to guide current and future efforts to develop systems of care for victimized children and youth. Lessons learned from other fields—such as child welfare, mental health, and public health—underscore that the for creating systems change and linking systems of care are not unique to the field of child victimization. The infrastructural change required to change systems, the rationale for the change, and guidance on bringing about the change is described to inform current and future efforts. Lessons learned from the current LSC sites are used to formulate recommendations for continued development. It is hoped that the current LSC demonstration sites will find the information contained in this report useful as they continue the difficult work of creating a systems of care for child victims in their respective states. It is also hoped that these recommendations will be useful for the replication of demonstration sites in other states and jurisdictions. While the process of change can be onerous, if implemented with fidelity, he work of the current OVC- funded LSC demonstration sites can lead to improved service delivery and put young victims and their families on a path toward healing.



CHAPTER 5: CONCLUSION

The Office for Victims of Crime funded four sites through the Linking Systems of Care demonstration project to address the lack of coordination among child-serving systems and service providers and promote the coordination of care services within states. The first cohort of demonstration sites, Montana and Virginia, received funding in FY 2014, and the second cohort of demonstration sites, Illinois and Ohio, received funding in FY 2017. OVC tasked the demonstration sites with bringing together representatives from relevant child-serving systems, including state government, victim services, law enforcement, health services, juvenile justice, courts, educators, and other state, tribal, and local entities to identify strengths and gaps or needs in existing services, policies, and protocols. Using these findings, the sites would develop an individualized approach to linking systems to include a universal victimization screening method, referral mechanisms, and response or treatment protocols that will be used across systems to identify and address the needs of child and youth victims of crime and their families. Sites were expected to implement the strategies statewide and train staff to ensure appropriate implementation and sustain the practices. Through the implementation of the individualized approaches, the sites would advance the way child-serving systems work together to improve service delivery so that victimized children and youth can better heal, discover greater well-being, and recover from their traumatic experiences.

All sites have worked diligently to develop an approach to linking systems of care that align with the vision and requirements outlined by OVC. Specifically, sites were "to improve responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and full range of victim needs by funding the LSC demonstration sites. It was further emphasized that sites should "bring together all of the relevant systems and professionals to provide early identification, intervention, and treatment for child and youth victims and their families and caregivers." OVC recommended that sites engage representatives from state government, victim services, law enforcement, health services (physical, mental, and behavioral), juvenile justice,

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

courts, educators, and other state, tribal, and local entities to meet the goals of the project. Improvement in the screening of child and youth victims of crime and response/treatment protocols were also suggested areas of need which OVC felt deserved the consideration of the demonstration sites. Finally, OVC encouraged the use of evidence-based practices in the treatment of crime victims and their families, including the use of trauma-informed services by all providers.

The needs of child and youth victims are multidimensional and span areas from basic survival to other needs, such as medical and mental health care, home or caregiving (e.g., foster care and permanency), and education. M any victims and their families have tremendous difficulty in identifying how and where to receive services and how to best navigate the appropriate systems (e.g., child welfare, juvenile justice, public health), and they require assistance. Therefore, it is critical to have these systems coordinated and collaborating in a fashion that reduces their burden in locating services, limits the duplication of services, and provides all the necessary services required by the victim. It is also imperative that service providers have the tools to identify children and youth who experienced victimization and refer them to quality services (Burke, Hellman, Scott, Weems, & Carrion, 2011; Finkelhor, 2011; Fry, 2015).

Research on Systems of Care

Research tells us that quality services are not always available to victims because service providers have different ideas about how to treat victims of crime and their trauma. M any child- and youth-serving systems do not coordinate their efforts with other service providers sufficiently (Ko & Sprague, 2007). It is also clear that not all treatment and services provided to victims are of equal quality. Thus, there is a need to bridge these gaps, identify the best practices in treatment interventions and service delivery, and share these modalities across systems.

These actions can have exponential impact on the quality and effectiveness of services, as well as their costs. With improved identification and coordination, these changes could increase the number of victims served and have tremendous collateral long-term benefits.

Promising approaches for increasing coordination and collaboration among systems and service providers, including systems of care, wraparound services, continuum-of-care models, and the holistic service model, have been identified through research. These approaches encourage collaboration by bringing together representatives from relevant systems to develop and implement strategies. Evaluations have documented positive outcomes for children and their families, including improved emotional well-being, reductions in trauma symptoms, improved academic performance, and improved outcomes for youth involved in the juvenile justice or child welfare systems through these approaches (Stroul et al., 2012). Efforts to integrate care have also had impressive outcomes. Through better coordination, colocation, or full integration of physical and behavioral health care, these systems have realized positive outcomes for clients. Each system providing integrated care seeks to meet all of the victim's health needs in one setting; however, care may be delivered in multiple ways depending on the provider, the type and location of care, and the way in which services are coordinated. This approach has enabled clients to access services quickly, leading to a reduction in homelessness, hospitalizations for mental health issues, emergency room visits, demand for detox stays, and various diseases (SAM HSA, n.d.). These findings offer some evidence that more integrated systems can improve service delivery and support positive outcomes for victimized children, youth, and families. This research is important as a backdrop for guiding the current LSC demonstration sites and the foundational strategies and activities necessary to plan for the development of a functional system of care.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Systems Change and Linking of Systems of Care for Child and Youth Victims of Crime

Many practices and strategies are foundations for producing the kind of change necessary to create a linked system of care. These strategies for improved coordination and cooperation across systems are firmly rooted in systems change theory and research. The LSC project and others like it necessitate the modification and revision of system processes within organizations and agencies. Required changes include the fundamental missions and primary responsibilities of different systems as well as the everyday practices applied by field staff. Multiple definitions of systems change stress the importance of sustained change within the different system components (e.g., staff, units, agencies, organizations). Sustainability is key to the long-term success of projects like LSC, which ultimately seeks to alter the underlying structures and processes that determine the way business is done. This is one definition of systems change that includes the concept of sustainability:

Systems change is an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. It is a journey which can require a radical change in people's attitudes as well as in the ways people work. Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures, and values. (Abercrombie, Harries, & Wharton, 2015)

This definition emphasizes lasting change through modifying the very structures and mechanisms that guide operations in a system. Such change can only occur with the modification of system policies as well. Policies can establish clear expectations for how the system should operate and interact with partnering systems, as well as provide a means for holding people accountable. A prerequisite to the policy change, however, is achieving a comprehensive understanding of the system and its operations through system mapping, which provides a complete understanding of the key operations and resources within systems.

It is one thing to create change within a single system but another to create change across multiple systems in pursuit of a shared or common goal. The task of linking multiple child- and youth-serving systems, while highly desirable, represents a substantial undertaking, since the multiple systems that serve children and families are constantly in reactive mode and are functioning in silos (Armstrong & Evans, 2010). Each system has its own set of policies and procedures, often grounded in statute, which can represent a challenge to systems collaboration and restrict partnerships. While cross-system collaboration certainly represents the first step toward bringing separate systems together, it is often difficult to achieve at the levels necessary to realize lasting change. For this reason, linking multiple systems requires a conceptual framework that provides a clear philosophy and core values, yet allows local variations that enable individual systems to adhere to the system's values and still address interorganizational dynamics unique to its system's structure.

Key Principles in Systems Change

- Principle 1: Understand needs and assets
- Principle 2: Engage multiple actors
- Principle 3: Map the systems
- Principle 4: Do it together
- Principle 5: Distribute leadership
- Principle 6: Foster a learning culture

Source: Abercrombie et al., 2015

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Development and agreement on a sound theory of change, outlined in a logic model, can go a long way toward facilitating meaningful collaborations across systems. The logic model is an important tool to communicate the project's conceptual framework, and thereby foster dialogue around the shared vision for the project and promote buy-in for the goals and objectives of the project. A logic model is also useful for highlighting the necessary structural and functional changes that may need to occur in the operations of partnering systems, such as screening and referral processes and the roles and responsibilities of each organization, to better service child and youth crime victims. A carefully constructed logic model can also prevent project extensions and delays in implementation by focusing a projects efforts on a select set of priorities that are feasible within a given timeframe. With such a model, it becomes possible to align each activity with the necessary time and resources to complete each task. This can help to restrict the temptation of planning more than is feasible and practical, and help to avoid an expansion in a project's mission as planning and implementation activities occur. This report outlines a number of key strategies and activities, founded in systems change theory and research, that can be applied by the current OVC demonstration sites to further their efforts in creating functional systems of care and providing guidance for future sites.

Outcome Evaluation and the Development of Linked Systems of Care

It is critical for any project or program to demonstrate success over time if it wants to receive and retain support that enables it to achieve its goals. For this reason, it is essential that the OVC demonstration sites be developed in a manner that can support a rigorous outcome evaluation. From a programmatic perspective, to evaluate the performance of a system of care, it is important to identify the foundational/grounding aspects and key components of the system that must be in place to ensure that a program is ready for an outcome evaluation. As noted above, this is often expressed in a theory of change and accompanying logic model for the specific program. It is also necessary to ascertain whether the program was, or can be, implemented with fidelity. Once it is determined that a program has sufficient support and conceptualization, the evaluator considers various aspects of study design and measurement. In this report, we point to a wide variety of key decisions and activities that should take place early in project planning to prepare the demonstration sites for an evaluation of their outcomes. To evaluate any program on outcomes, the program model must be well defined with attainable and measurable goals, objectives, and outcomes. In many instances, the conditions of the pilot sites suggest that more needs to be accomplished before the sites are capable of supporting an outcome evaluation.

A key lesson learned from the four LSC demonstration sites is that it is best to start early and plan for an outcome evaluation during the program planning process. This requires thinking through the project design and logic model, identifying SM ART measures of outcomes, and reviewing the adequacy of existing data sources. This process will often highlight gaps in existing data sources and point to the need for creating new data collections to support an outcome evaluation.

Developing a sound logic model is critical for setting up a project or program that can be evaluated, and evaluators can be very useful in this regard. Consider identifying a research partner or evaluator early in the process. An important part of the research partner's role should be to assist project developers in creating a logic model that can be tested properly.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Assessing Project or Program Readiness for an Outcome Evaluation

- **Sustainability:** Determine whether the political will and the resources are there to sustain the program while it is being evaluated.
- **Fidelity:** Assess whether the intervention is being implemented consistently with the way the intervention is designed.
- **Stability:** The intervention must be implemented consistently, in the same manner over an extended period, before it can be successfully evaluated.
- **Reach:** The intervention must reach a large enough number of beneficiaries to provide an adequate sample size to produce a sufficiently significant change to determine whether the program is effective.
- **Dosage:** The population of focus must have sufficient exposure to the intervention to result in the intended outcomes.

Source: CDC, 2912

Evaluators are often trained to examine the adequacy of logic models, and at the same time identify the adequacy of extant data and/or what data might be necessary to evaluate the program on impact or outcomes. Once an internally consistent and sound logic model is developed, an evaluator can then consider other aspects of evaluation design and methodology to ensure the feasibility of an outcome evaluation.

This report determined that deficiencies in some of the logic models remain, and perhaps this result may be the consequence of not having local research partners sufficiently involved in the early stages of project planning to ensure the evaluability of the work of the demonstration sites. This ultimately led to the conclusion that it may not be feasible to conduct an outcome evaluation at this time. All of the sites appear to lack clear and measurable outcomes that are tied to the project activities. Without clear and measurable outcomes, it will be difficult to identify research questions and design an evaluation to assess whether the demonstration sites are effective. Additionally, some sites lack the necessary data sources to both monitor performance and test the effectiveness of their approaches in creating the change in victim services that would lead to greater healing on the part of victims. None of the demonstration sites identified data sources or measures to link the project activities and changes in service delivery to greater victim well-being. Continued development of the logic models and exploration of available data sources at the current OVC demonstration sites will position the projects in a manner that can support a future outcome evaluation.

This Report

ICF is the assigned national evaluator for the OVC Linking Systems of Care for Children and Youth program. Funded by NIJ, the ICF research team gathered information and interacted with the sites since the inception of the first two sites. Through these interactions, the ICF research team was fortunate to learn the inner workings of the sites' projects and benefit from the insights and experiences of the site team members and their stakeholders. ICF was first charged with the task of performing a national evaluation of the OVC Linking Systems of Care Demonstration Sites. We began collecting baseline data using multiple data sources, as well as monitoring changes in program planning and implementation through annual data collections. In FY 2017, ICF, in coordination with NIJ, revised the national evaluation to include three major components—a formative evaluation of the Cohort 1 sites (Montana and Virginia), an outcome evaluability assessment of Cohort 1 and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Cohort 2 sites (Illinois and Ohio), and a systems change analysis based on the results and lessons learned from the formative evaluation and evaluability assessment.

In the course of preparing this report, ICF collected data from a variety of sources and used multiple methods to capture the necessary information to complete a comprehensive formative evaluation of the first two funded sites, Cohort 1, and an outcome evaluability assessment of all the sites. Both quantitative and qualitative sources of data were analyzed to arrive at findings and draw conclusions. These data included key informant interviews, participant and program observations, site documents, and surveys. In addition to mining these data sources, quantitative data were collected from project staff at each of the four demonstration sites through an evaluability assessment questionnaire, and follow-up interviews with project staff and partners in the second cohort of demonstration sites, to determine the feasibility of an outcome evaluation. The ultimate goals of this report centered on providing a comprehensive description of the planning and implementation process of the OVC demonstration sites and examining the evaluability of the sites and their present capacity to support an outcome evaluation. Through this process, ICF hoped that the report would yield information useful for the current demonstration sites as the projects continue to develop, as well as provide guidance to any future efforts to replicate similar linked systems of care projects.

Key Findings

All of the sites achieved a variety of accomplishments over the course of the planning and implementation phases. The first cohort of sites (Montana and Virginia) developed approaches that aligned with OVC's expectations. They developed (1) a systematic method for screening, (2) a response protocol to ensure that services are accessible, (3) trainings to support implementation and sustainability, and (4) conducted a policy analysis to identify policy-related barriers to improving services. Both created universal screening tools designed to improve the identification of victimization by referring to existing screeners. They also developed response protocols or community-level resource guides to streamline referral processes to support services. Early in the project period, both sites worked hard to achieve buy-in among providers and other stakeholders and obtained success in the initial stages. The demonstration sites were also successful at identifying several gaps in service delivery systems through a needs assessment process, including the failure of some providers to conduct screenings, a lack of consistency in screening processes, few protocols or processes for following up to address service needs, and poor awareness of the resources available in their communities to address specific needs.

The second cohort of demonstration sites also achieved a number of important accomplishments. In relation to project development and evaluability, the site teams established stakeholder groups to engage key stakeholders in their work. While there were some individual differences across the states, staff believe stakeholder groups were interested in learning about the effectiveness of their approaches and would be supportive of an outcome evaluation. Relatedly, the sites appeared to have identified partnerships that may enhance their capacity to support evaluation activities. Some sites developed key relationships with researchers who can provide necessary expertise and support data collection and analysis. Through these partnerships, sites should be able to engage in data collection and analysis that may contribute to a future outcome evaluation. Finally, all four sites believe they were able to come to a shared vision for their projects and an overarching theory of change. While the sites may not yet have identified clear and

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

measurable outcomes, they all continue to work toward a shared goal of improving coordination and collaboration among child- and youth-serving systems. The ICF research team believes this shared goal can provide an important starting point for any future outcome evaluation.

Whether it be in the planning or the implementation stage, all four demonstration sites faced a number of challenges; however, the challenges the sites experienced are not surprising given the complexity of creating systems change. Some of challenges related to the development of logic models with specified outcomes; identifying performance measures and appropriate data sources for tracking; maintaining the engagement of stakeholder groups over time; collecting data on the experiences of children, youth, and their families; and completing activities within the established timelines. These obstacles have important implications for the continued development of the demonstration sites as well as future projects that seek to link systems of care to improve responses to child and youth victims. As a result, the work of the ICF research team was able to uncover a number of important lessons as well as offer recommendation for the future direction of OVC's initiative to establish linked systems of care in the states.

Recommendations and Future Directions

This report offers a series of recommendations for the continued development of the current demonstration sites and for other jurisdictions or communities that want to replicate the work of the OVC demonstration sites. Sites can learn from the challenges faced by the extant projects and are likely to experience many of the same difficulties. Future sites may benefit from considering how to create individualized approaches for linking systems in their communities, purposefully engaging key stakeholders, ensuring that they have a complete understanding of how their systems function, and finding a balance between strategic planning and implementation efforts. They will likely also benefit from the information presented here on how best to prepare for systems change and the possibility of an outcome evaluation. Based on the results of the formative evaluation, the evaluability assessment,and the knowledge conveyed about a systems change approach, these recommendations could prove useful as OVC and others seek to create linked systems of care to assist children and youth victims of crime.

From the formative evaluation, we learned the importance of looking explicitly at the factors that may affect a particular community's approach to linking systems of care. Factors such as diverse stakeholder perspectives and competing interests can become potential barriers to cooperation and coordination due to a lack of consensus on a shared or common vision. It is critical that project leaders are honest about the ability to reconcile differences and achieve sufficient buy-in. Engaging key stakeholders early in the process and outlining clear roles and expectations with purpose for all involved in the planning and implementation of a project is an important component of success. Over the course of time, there was an erosion of support and stakeholder engagement across the Montana and Virginia demonstration sites, perhaps due to a lack of understanding or appreciation for why particular activities were important to the project or simply because staff were not clear on their particular roles and responsibilities. All persons involved in the

Key Recommendations from the Formative Evaluation

- Create an individualized approach for linking systems.
- Purposefully engage key stakeholders.
- Conduct a needs assessment to understand systems and services.
- Be practical in planning and implementation.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

planning and implementation of systems change projects must feel they have an important role to play in the project's success, and be held accountable as it develops. We also learned the significance of identifying the true needs of a particular community, and the importance of being practical in determining what can be accomplished in the allotted time and with existing resources and staff. Setting realistic and feasible expectations about timelines is important for building and maintaining credibility with project funders, stakeholders, and the public. It is essential to be realistic and cognizant of the fact that some activities may take longer than expected and require more resources than are available.

Key Recommendations from the Evaluability Assessment

- Refine logic models and delineate logical links between program assumptions, inputs, activities, outputs, outcomes, and goals.
- Formally execute data and information sharing agreements across systems.
- Identify internal evaluation capabilities and processes for supporting an outcome evaluation.
- Establish clear roles and needed capacity from current relationships with research experts to support data collection for use in an outcome evaluation.

We also discovered a few valuable lessons from the evaluability assessment. For planning purposes, it is critical to know what is required and make important decisions to prepare for an outcome evaluation. With a strong emphasis placed on the use of evidence-based practices, it is imperative that projects prepare for evaluation and plan on the collection of necessary data from the start. In order to know what is important to collect and how to design an evaluation, a solid logic model with clear objectives, activities, and outcome indicators is necessary. Research partners and/or external evaluators can very useful at the early stages of planning and throughout the project as key components are launched. Once the key data sources and elements are identified, project planners and evaluators can work together to secure interagency agreements for the data and information sharing necessary for analysis. M any initiatives fail due to the legal constraints involved with the sharing of information, particularly when dealing with vulnerable populations, such as child and youth victims of crime. It is incumbent on leadership and project staff to identify and resolve challenges for sharing information across systems and jurisdictions.

Through the systematic blending of systems change research and implementation science, this report was able to shed light on some of the key tasks and activities necessary to plan and implement the LSC demonstration sites successfully. Much of the information gleaned from these two scientific areas are consistent with what we learned through the formative evaluation and evaluability assessment results. All of the lessons learned related to specifying the needs, identifying the theory of change, and planning for sustainability are emphasized in systems change research as well as implementation science; however, there are a compelling set of practical steps to take to ensure proper planning and preparation are in place.

Implementation science tells us that there are specific stages and sequential processes involved in planning and implementing projects or programs. OVC's Linking Systems of Care initiative for children and youth victims of crime is no different. In early planning, make decisions about which evidence-based programs and practices are most appropriate for the target population, what needs to address, and what is the specific theory of change. Activities in the early planning stages should include engaging an evaluator, identifying policies and procedures that may need development or revision, developing communication plans and formal agreements across systems, and selecting appropriate pilot sites—all of which

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

are relevant to the current demonstration sites. As the project progresses, there is a need to outline how implementation will take place, including any new operating procedures, necessary trainings and resources for staff, and developing coaching and support plans for the key implementers. Once the planning phases are complete, practical decisions related to the data collection, reporting, and tracking must occur. Additionally, it is important to continue revising the logic model, identifying key activities and who will undertake them, and developing or revising policies and procedures to support the new ways of working. And finally, as implementation progresses, it is essential to develop continuous quality improvement or quality assurance methods to assess fidelity to the model and plans and monitor the execution of key activities.

In all, this report provides a deep understanding of what it takes to develop and implement a linked system of care successfully. Quantitative and qualitative findings from the studies contained in this report, combined with the theoretical underpinnings of systems change and implementation science, provide a strong foundation for the future development of linked systems of care demonstration sites. There are some important caveats, however, related to the studies contained in this report. It is important to note that the findings derived from the formative evaluation and evaluability assessment represent only a snapshot in time. Each demonstration site continues to work through the development and implementation of their respective projects, and will likely learn more lessons as they navigate the road to creating linked systems of care in their states. As such, this report does not speculate on what may occur in the future. We do offer clear recommendations that we hope will be useful to the sites as they continue to develop their projects and seek to host an outcome evaluation. Our findings are derived from a wide variety of data sources; therefore, the ICF research team believes it based the recommendations on a solid set of facts that are consistent with what is known about similar systems change projects. Finally, the ICF research team consciously chose to focus on the merits of each individual demonstration site rather than engage in site-to-site comparisons. As such, the findings in this report are based on the progress of each demonstration site and its specific stage of program development. Common themes were identified across the sites to generate what we believe to be meaningful recommendations for future development.

In conclusion, this report sought to provide a systematic examination of the OVC demonstration sites. A primary goal was to document the key planning and implementation activities of the sites, evaluate their readiness to support an outcome evaluation, and offer recommendations for future project development. The recommendations for project development are intended to assist the demonstration sites as they encounter new challenges in the evolution of their programs and consider the prospects of an outcome evaluation. All of the demonstration sites are striving to create positive outcomes for child and youth victims of crime. Through our work to better understand and assess OVC's LSC demonstration sites, one observation became abundantly clear—while each site has different strategies in place, they all have a shared vision that centers on improving the well-being of child and youth victims of crime by improving the communication, collaboration, and efficiencies of independent service delivery systems. It is hoped that the sites will consider the conclusions contained in this report as they plan for the future development of their respective demonstration sites. In addition, we hope that this report will yield useful information for future sites seeking to replicate this project and potential evaluators as they consider the evaluation of the current Linking Systems of Care demonstration sites or similar projects down the road.

APPENDIX A
REFERENCES

Abercrombie, Rob, Ellen Harries, and Rachel Wharton. June 2015. Systems Change: A Guide to What It Is and How to Do It. London: New Philanthropy Capital.

Ackoff, Russell L., and Sheldon Rovin. 2003. *Redesigning Society*. Stanford, CA: Stanford Business Books.

ActKnowledge. (n.d.) *Theory of Change.* https://www.actknowledge.org/services/theory-of-change.

Adelman, Howard S., and Linda Taylor. 2003. On Sustainability of Project Innovations as Systemic Change. *Journal of Educational and Psychological Consultation*, 14(1), 1–25. https://doi.org/10.1207/S1532768XJEPC1401_01.

Allen, Patrick, Michael J. Finnerty, Ryan S. Gish, Mark E. Grube, Kit A. Kamholz, Anu R. Singh, J. Patrick Smyth, and Rob W. York. July 2016. *Guide to Health Care Partnerships for Population Health Management and Value-Based Care*. Chicago: Health Research & Educational Trust and Kaufman, Hall & Associates, LLC. www.hpoe.org.

Arnold, Ross. D. & Jon P. Wade. 2015. A Definition of Systems Thinking: A Systems Approach. *Procedia Computer Science*, 44, 669–678. http://doi.org/10.1016/j.procs.2015.03.050

Blase, Karen, Melissa van Dyke, and Dean Fixsen. 2013. Stages of Implementation Analysis: Where Are We? University of North Carolina Chapel Hill, NC: National Implementation Research Network. https://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-StagesOfImplementationAnalysisWhereAreWe.pdf.

Brannan, Ana Maria, Freda Brashears, Phyllis Gyamfi, and Brigitte Manteuffel. 2012. Implementation and Development of Federally-Funded Systems of Care Over Time. *American Journal of Community Psychology*, 49(3–4), 467–482. doi: 10.1007/s10464-011-9472-8

Brown, J. Lynne and Nancy Ellen Kiernan. 2001. Assessing the Subsequent Effect of a Formative Evaluation on a Program. *Evaluation and Program Planning*, 24(2), 129–143. https://www.sciencedirect.com/science/article/abs/pii/S0149718901000040?via%3Dihub.

Bruns, Eric J., and Janet S. Walker. 2010. Defining Practice: Flexibility, Legitimacy, and the Nature of Systems of Care and Wraparound. *Evaluation and Program Planning*, 33(1), 45–48.

Burke, Nadine. J., Julia L. Hellman, Brandon Scott, Carl F. Weems, and Victor Carrion. June 2011. The Impact of Adverse Childhood Experiences on an Urban Pediatric Population. *Child Abuse and Neglect*, 35(6). https://doi.org/10.1016/j.chiabu.2011.02.006.

Capacity Building Center for States. 2017. Creating and Sustaining Cross-System Collaboration to Support Families in Child Welfare With Co-Occurring Issues: An Administrator's Handbook. U.S. Department of Health and Human Services, Administration of Children and Family Services, Children's Bureau. https://library.childwelfare.gov.

Capra, Fritjof. 1997. *The Web of Life: A New Scientific Understanding of Living Systems*. New York: Doubleday-Anchor Books.

Centers for Disease Control and Prevention. 2012. Step 3: Focus the Evaluation Design (webpage). Access at https://www.cdc.gov/eval/guide/step3/index.htm.

Centers for Disease Control and Prevention. (n.d.). Types of Evaluation. https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf.

Chinman, Matthew., et al. June 2008. The Getting to Outcomes Demonstration and Evaluation: An Illustration of the Prevention Support System. *American Journal of Community Psychology*, 41(3–4), 206–224.

Cocozza, Joseph J., Kathleen R. Skowyra, and Jennie Shufelt. September 2010. *Addressing the Mental Health Needs of Youth In Contact With the Juvenile Justice System in System of Care Communities: An Overview and Summary of Key Issues*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

Coffman, Julia. 2007. A Framework for Evaluating Systems Initiatives. BUILD Initiative. http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework%20for%20Evaluating%20Systems%20Initiatives.pdf.

Cole, Susan F., Jessica Greenwald O'Brien, Geron Gadd, Joel Ristuccia, Luray Wallace, and Michael Gregory. 2005. *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized By Family Violence*. Boston: Massachusetts Advocates for Children.

Cordon, Charissa P. 2013. System Theories: An Overview of Various System Theories and Its Application in Healthcare. *American Journal of Systems Science*, 2(1), 13–22.

Corporation for National and Community Service, Office of Research and Evaluation. 2014. Introducing the Impact Evaluability Assessment Tool. (Lead author, Lily Zandniapour, Ph.D.). https://www.nationalservice.gov/sites/default/files/resource/SIF_Impact_Evaluability_Assessment_Tool_Final_Draft_for_Distribution.pdf.

Darwish, Diane, Giselle B. Esquivel, John C. Houtz, and Vincent C. Alfonso. 2001. Play and Social Skills in Maltreated and Non- Maltreated Preschoolers During Peer Interactions. *Child Abuse & Neglect*, 25(1), 13–31.

Eoyang, Glenda and Royce Holladay. n.d. *Hennepin County Human Services and Public Health Department Redesign Assessment and Final Report*. Minnesota: Human Systems Dynamics Institute.

Eoyang, Glenda and Lois Yellowthunder. 2007. *Inter-Professional Education and Practice: Dynamic Evaluation Report*. Minnesota: Human Systems Dynamics Institute.

Etkin, Amit, and Tor D. Wager, 2007. Functional Neuroimaging of Anxiety: A Meta-Analysis of Emotional Processing in PTSD, Social Anxiety Disorder, and Specific Phobia. *The American Journal of Psychiatry*, 164(10), 1476–1488.

Finkelhor, David. 2011. Prevalence of Child Victimization, Abuse, Crime, and Violence Exposure. In *Violence Against Women and Children: Mapping the Terrain* (Vol. 2), edited by Jacquelyn White, Mary Koss, and Alan Kazdin, 9–29. Washington, DC: American Psychological Association. http://www.unh.edu/ccrc/pdf/CV189.pdf.

Finkelhor, David, Heather Turner, Richard Ormrod, Sherry Hamby, and Kristen Kracke. 2009. *Children's Exposure to Violence: A Comprehensive National Survey*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Programs.

Finkelhor, David, Heather Turner, Anne Shattuck, and Sherry Hamby. 2015. Prevalence of Childhood Exposure to Violence, Crime, and Abuse. Results from the National Survey of Children's Exposure to Violence. *JAM A Pediatrics*, 169(8), 746–754. http://www.unh.edu/ccrc/pdf/CV331.pdf.

Fixsen, Dean, Sandra Naoom, Karen Blase, Robert Friedman, and Frances Wallace. 2005. *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida M ental Health Institute, National Implementation Research Network.

Ford, Julian D., Robert Racusin, Cynthia G. Ellis, William B. Daviss, Jessica Reiser, Amy Fleischer, and Julie Thomas. 2000. Child Maltreatment, Other Trauma Exposure, and Posttraumatic Symptomatology Among Children with Oppositional Defiant and Attention Deficit Hyperactivity Disorders. *Child Maltreatment*, 5(3), 205–217. https:/doi.org/10.1177/1077559500005003001.

Ford-Paz, Rebecca E., Laurel Crown, Kathryn Lawton, Hayley Goldenthal, Gail Day, Claire A. Coyne, Tara Gill, Ngozi Harris, Sheree Blakemore, and Colleen Cicchetti. 2019. Working on Womanhood (WOW): A Participatory Formative Evaluation of a Community-Developed Intervention. *Evaluation and Program Planning*, 72, 237–249. https://www.sciencedirect.com/science/article/pii/S0149718918301344.

Foster-Fishman, Pennie G., Branda Nowell, and Huilan Yang. 2007. Putting the System Back Into Systems Change: A Framework for Understanding and Changing Organizational and Community Systems. *American Journal of Community Psychology*, 39, 197–215.

Gajda, Rebecca. 2004. Utilizing Collaboration Theory to Evaluate Strategic Alliances. *American Journal of Evaluation*, 25(1), 65–77.

Goldsmith, Stephen, and William D. Eggers. 2004. *Governing by Network: The New Shape of the Public Sector.* Washington, DC: The Brookings Institution.

Gray, Barbara. (2000). Assessing Inter-Organizational Collaboration: Multiple Conceptions and Multiple Methods. In *Cooperative Strategy: Economic, Business, and Organizational Issues*, edited by David Faulkner and Mark de Rond, 243–260. New York: Oxford University Press.

Green, Lawrence W., Judith M. Ottoson, César García, and Robert A. Hiatt. 2009. Diffusion Theory and Knowledge Dissemination, Utilization, and Integration in Public Health. *Annual Review of Public Health*, 30, 151–174. https://doi.org/10.1146/annurev.publhealth.031308.100049.

Greenfeld, Lawrence A., and Steven K. Smith. 1999. *American Indians and Crime*. Washington, DC: Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/aic.pdf.

Guest, Greg, Kathleen M. MacQueen, and Emily E. Namey, 2012. *Applied Thematic Analysi*s. Thousand Oaks, CA: SAGE Publishing.

Hargreaves, Margaret B. 2010. *Evaluating System Change: A Planning Guide*. Princeton, NJ: Mathematica Policy Research.

Heifetz, Ronald, Alexander Grashow, and Marty Linsky. 2009. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston: Harvard Business Press.

Hernandez, Mario, and Sharon Hodges. 2003. Building Upon the Theory of Change for Systems of Care. *Journal of Emotional and Behavioral Disorders*. 11(1): 19.26. https://doi.org/10.1177/106342660301100104

Hodges, Sharon, Kathleen Ferreira, Nathaniel Israel, and Jessica Mazza. January 2007. System of Care Definition. In *System Implementation Issue Brief #1: Lessons From Successful Systems*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Hodges, Sharon, Nathaniel Israel, Kathleen Ferreira, and Jessica Mazza. February 2007. Critical Factors in System of Care Implementation. In *System Implementation Issue Brief #2*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Illinois Criminal Justice Information Authority. 2017. *Illinois Criminal Justice Information Authority 2017 Annual Report*. Chicago: http://www.icjia.s tate.il.us/assets/pdf/AnnualReport/FY17_AR.pdf.

Kamarck, Elaine C. 2007. *The End of Government...As We Know It:: Making Public Policy Work*. Boulder, CO: Lynne Rienner Publishers.

Kettl, Donald F. 2006. Managing Boundaries in American Administration: The Collaboration Imperative. *Public Administration Review*, 66(1), 10–19.

Ko, Susan, and Cally Sprague. 2007. Creating Trauma-Informed Child-Serving Systems. *Service Systems Brief*. National Child Traumatic Stress Network. Available on www.nctsn.org.

Krosnick, Jon A., and Leandre Fabrigar, L. R. 1993. Designing Rating Scales for Effective Measurement in Surveys. In *Survey Measurement and Process Quality*, edited by L. Lyberg, et al. (141–164). New York: John Wiley. http://pprg.stanford.edu/wp-content/uploads/1997-Designing-rating-scales-for-effec tive-measurement-in- surveys.pdf.

Langton, Lynn, Marcus Berzofsky, Christopher Krebs, and Hope Smiley-M cDonald. 2012. Victimizations Not Reported to the Police, 2006–2010. *Special Report: National Crime Victimization Survey.* Washington, D.C.: U.S. Department of Justice. Retrieved from https://www.bjs.gov/content/pub/pdf/vnrp0610.pdf.

Latham, Nancy. 2014. A Practical Guide to Evaluating Systems Change in a Human Services Systems Context.. Washington, DC: Center for Evaluation Innovation.

Leviton, Laura C., Laura Kettel Khan, Debra Rog, Nicola Dawkins, and David Cotton. 2010 Evaluability Assessment to Improve Public Health Policies, Programs, and Practices. *Annual Review of Public Health*, 31(1), 213–233. https://www.annualreviews.org/doi/full/10.1146/annurev.publhealth.012809.103625.

Linkins, Karen W., Lynda Frost, Becky Hayes Boober, and Jennifer Brya. 2013. Moving From Partnership to Collective Accountability and Sustainable Change: Applying a Systems-Change Model to Foundations' Evolving Roles. *The Foundation Review*, 5(2).

Marek, Lydia I., Donna-Jean P. Brock, and Jyoti Savla. 2014. Evaluating Collaboration for Effectiveness: Conceptualization and Measurement. *American Journal of Evaluation*, 36(1), 67–85.

Marris, Peter, and Martin Rein. 1969. *Dilemmas of Social Reform: Poverty and Community Action in the United States.* New York: Atherton Press.

Mele, Cristina, Jacqueline Pels, and Francesco Polese. 2009. A Brief Review of Systems Theories and Their Managerial Applications. *Service Science*, 2(1–2), 126–135.

Melius, Patrick, Sharri Black, and Maryrose McCarthy. T. 2009. C*ommunity-Based Resources: Keystone to the System of Care. A Closer Look*. Washington, DC: The National Technical Assistance and Evaluation Center. Retrieved from https://www.childwelfare.gov/pubPDFs/community.pdf.

Meyers, Duncan C., Joseph A. Durlak, and Abraham Wandersman. 2012. The Quality Implementation Framework: A Synthesis of Critical Steps in the Implementation Process. *American Journal of Community Psychology*. https://doi.org/10.1007/s10464-012-9522-x.

Muraya, Dorothy Neriah, and Deborah Fry, 2015. Aftercare Services for Child Victims of Sex Trafficking: A Systematic Review of Policy and Practice. *Trauma, Violence, and Abuse*, 1–17. https://doi.org/10.1177%2F1524838015584356.

National Center for Victims of Crime. 2017. Youth Victimization (fact sheet). National Center for Victims of Crime. https://ovc.ncjrs.gov/ncvrw2017/images/en_artwork/FactSheets/2017NCVRW_YouthVictimization_508.pdf

National Council of Juvenile and Family Court Judges. (n.d.). Retrieved from https://ovc.ncjrs.gov/vision21/pdfs/Vision-21-linking-systems-of-care-for-children-and-youth.pdf

National Technical Assistance and Evaluation Center for Systems of Care. 2009. An Overview of Systems of Care in Child Welfare. *A Closer Look*. https://www.childwelfare.gov/pubPDFs/overview.pdf.

National Technical Assistance and Evaluation Center for Systems of Care. 2010. Leadership in the Improving Child Welfare Outcomes Through Systems of Care Initiative. Children's Bureau. https://www.childwelfare.gov/pubpdfs/leadershipbrief.pdf.

Nikulina, Valentina, Cathy Spatz Widom, and Sally Czaja. 2011. The Role of Childhood Neglect and Childhood Poverty in Predicting Mental Health, Academic Achievement and Crime in Adulthood. *American Journal of Community Psychology*, 48, 309–321. https://doi.org/10.1007/s10464-010-9385-y.

Office for Victims of Crime. 2018. Vision 21: Transforming Victim Services Initiative (fact sheet). Linking Systems of Care for Children and Youth Project. Washington, DC: U.S. Department of Justice. https://ovc.ncjrs.gov/vision21/pdfs/Vision-21-linking-systems-of-care-for-children-and-youth.pdf.

Office for Victims of Crime. 2013. *Vision 21: Transforming Victim Services: Final Report*. Washington, DC: U.S. Department of Justice. http://ovc.ncjrs.gov/vision21/pdfs/Vision21_Report.pdf.

Parsons, Beverly A. 2007. The State of Methods and Tools for Social Systems Change. *American Journal of Community Psychology*, 39, 405–409.

Perrin, Burt. 2002. How to—and How Not to—Evaluate Innovation. *Evaluation*, 8(1), 13–28.

Rutman, Leonard. 2014. Evaluating Explorations and Demonstrations for Planning in Criminal Justice. *The Journal of Sociology & Social Welfare*, 2(4).

Substance Abuse and M ental Health Services Administration. n.d. Can We Live Longer? Integrated Healthcare's Promise (poster). https://www.integration.samhsa.gov/about-us/CIHS_Integration_Infographic_11x8.5_printable.pdf.

Saunders, Ruth P., Martin H. Evans, and Praphul Joshi. 2005. Developing a Process-Evaluation Plan for Assessing Health Promotion Program Implementation: A How-To Guide. *Health Promotion Practice*, 6(2), 134–147.

Sebian, Joyce., Jennifer Mettrick, Catherine Weiss, Sharon Stephan, Nancy Lever, and Mark Weist. June 2007. *Education and Systems of Care Approaches: Solutions for Educators and School Mental Health Professionals.* Baltimore: University of Maryland School of Medicine, Department of Psychiatry, Center for School Mental Health Analysis and Action.

Sedlak, Andrea J., Jane Mettenburg, Monica Basena, Ian Petta, Karla M cPherson, Angela Greene, and Spencer Li. 2010. *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Shaver, Debra, and Mary Wagner. 2013. Preparing for Model Demonstration Implementation (brief). Menlo Park, CA: SRI International. http://mdcc.sri.com/documents/MDCC_PreparationStage_Brief_Apr2013.pdf.

Stetler, Cheryl B., Marcia W. Legro, Carolyn M. Wallace, Candice Bowman, Marylou Guihan, Hildi Hagedorn, Barbara Kimmel, Nancy D. Sharp, and Jeffrey L. Smith. 2006. The Role of Formative Evaluation in Implementation Research and the QUERI Experience. *Journal of General Internal Medicine*, 21, S1–S8.

Stroul, Beth. 2002. *Systems of Care: A Framework for System Reform in Children's Mental Health* (issue brief). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's M ental Health.

Stroul, Beth, Gary Blau, and Diane L. Sondheimer. 2008. Systems of Care: A Strategy to Transform Children's Mental Health Care. In *The System of Care Handbook: Transforming Mental Health Services for Children, Youth, and Families*, edited by Beth Stroul and Gary Blau, 3–23. Baltimore: Paul H. Brookes Publishing Co.

Stroul, Beth, Joan Dodge, Sybil Goldman, Frank Rider, and Robert Friedman. 2015. *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Stroul, Beth, and Robert M. Friedman. 1986. *A System of Care for Severely Emotionally Disturbed Children & Youth*. Washington, DC: Georgetown University CASSP Technical Assistance Center.

Stroul, Beth, Sybil K. Goldman, Sheila A. Pires, and Brigitte Manteuffel. 2012. *Expanding Systems of Care: Improving the Lives of Children, Youth, and Families*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Stroul, Beth, and Brigitte Manteuffel. 2007. The Sustainability of Systems of Care for Children's Mental Health: Lessons Learned. *Journal of Behavioral Health Services & Research*, 34(3), 237–259.

Thomson, Ann Marie, and James L. Perry. 2006. Collaboration Processes: Inside the Black Box. *Public Administration Review*, 66(1), 20–32.

U.S. Department of Health and Human Services. 2017. *Child Maltreatment 2017*. Washington, DC: Children's Bureau. https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017.

U.S. Department of Health and Human Services. 2004. *Child Neglect Demonstration Projects: Synthesis of Lessons Learned.* Washington, DC: Child Welfare Information Gateway.

U.S. Department of Justice. 2014. Vision 21: *Linking Systems of Care for Children and Youth State Demonstration Project* [CFDA 16.582]. Washington, DC: Office for Victims of Crime (OVC).

U.S. Department of the Interior, Bureau of Indian Affairs. n.d. Frequently Asked Questions (webpage). https://www.bia.gov/frequently-asked-questions.

Virginia State Police. 2017. Crime in Virginia, 2017. Richmond, VA: http://www.vsp.state.va.us/VSP%20site/VSP/downloads/Crime_in_Virginia/Crime%20in%20Virginia_2017.pdf.

Walker, Gary, and Anne C. Kubisch. 2008. Evaluating Complex Systems-Building Initiatives: A Work in Progress. *American Journal of Evaluation*, 29(4), 494–499.

Walker, Janet S., Nancy Koroloff, and Eric J. Bruns. 2010. Defining 'Necessary' Services and Supports: Why Systems of Care Must Take Direction From Service-Level Process. *Evaluation and Program Planning*, 33(1), 49–52.

Wallace, Frances, Sandra F. Naoom, Karen A. Blase, and Dean L. Fixsen. 2004. Establishing a Framework for the Implementation of Evidence-Based Programs (poster presented at the American Public Health Association Annual Meeting, December 2004). National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida

Weiner, Bryan J. 2009. A Theory of Organizational Readiness for Change. *Implementation Science,* 4, 67.

Wheatley, Margaret. 2001. *Leadership and the New Science: Discovering Order in a Chaotic World*. New York: Berrett-Koehler Publi

APPENDIX B
PROJECT MATERIALS

OVC Guiding Principles

Sites' Logic Models: Montana, Virginia, Ohio, Illinois

Sites' Screening Tools: Montana and Virginia

1. OVC Guiding Principles

Linking Systems of Care for Children and Youth

Guiding Principles

About the Guiding Principles

The Linking Systems of Care for Children and Youth Program designed these Guiding Principles to:

- provide guidance for service providers assisting children and youth exposed to violence and their families and caregivers;
- offer a benchmark for conducting community needs assessments, and developing policies, and protocols; and
- help community collaboratives shape, inform, and review services and referrals to address children and youth exposed to violence.

While not exhaustive, these Principles illustrate the fundamental goals for communities working to meet the comprehensive and holistic needs of children and youth exposed to violence.

Linking Systems of Care for Children and Youth Project

NCJFCJ
NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Values

We believe the following overarching values inform our work:

- Good communication leads to informed decisions.
- For the best results, both families and practitioners must keep each other informed on a continual basis.
- All efforts must be trauma-informed, and support the healing and growth of children, families, and communities.
- Systems of care and communities will provide holistic services with a life-course perspective.
- Consideration must be given to trauma experienced across lifespans and generations, including historical and structural trauma and racism.
- Our work must avoid re-traumatization, and include eliminating processes and practices that re-traumatize individuals.
- Children, youth, parents, caregivers, teachers, service providers, practitioners, and administrators must be included in the process.
- Our approach is strength-based, focused on resiliency, and empowers youth and their families to make informed decisions about accessing services, support, and community-based programs.

This product was supported by cooperative agreement number 2014-VF-GA-K014, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

About the Program

The Linking Systems of Care for Children and Youth is a multi-component demonstration project designed to:

- promote healing for victims of crime;
- provide or coordinate prevention and intervention services to youth and families experiencing trauma; and
- build capacity within communities to meet the needs of youth exposed to violence.

II. Linked Systems of Care

All systems of care are connected and aspire to maximize collective impact through communication, collaboration, and coordination. To guide effective Linked Systems of Care, we must:

1. Clarify roles.
2. Create a common vocabulary related to your goals and outcomes.
3. Share information (while ensuring safety and autonomy for individuals and families) to avoid duplicative screening and re-traumatization.
4. Engage traditional and nontraditional community-based partners, including survivor groups.
5. Leverage your resources.
6. Build community capacity to meet victim needs including:
   a. seamless and equitable access to appropriate interventions and supports, and
   b. meaningful referrals.
7. Invest in common screening and assessment tools and principles.
8. Be accountable to one another and the families you serve.
9. Create mutually informed policy agendas.

III. Informed Decision Making

Linked Systems of Care provide as much information as possible to families and practitioners so that the most targeted, holistic, safe, and effective interventions are available. Further, Linked Systems of Care are committed to continuous quality improvement to improve and target interventions to meet the needs of children and youth.

Decisions are best when informed by circumstances, research, and the needs of children, families, and communities as identified during meaningful engagement processes. Decision makers are best poised when they receive regular ongoing and meaningful training, technical assistance, and resources on the effects of trauma.

Linking Systems of Care for Children and Youth

Guiding Principles

Target Audience

Guiding Principles for the Linking Systems of Care for Children and Youth Program are designed to guide efforts to develop and better align all of the systems of care that respond to the needs of children, youth, families, and caregivers who have experienced victimization and/or been exposed to violence in their homes, schools and communities.

Action Items

- Embrace our youngest victims and ensure that every young person who experiences victimization receives timely and meaningful responses and services.
- Proactively identify young victims and work integrally with their families and caregivers to provide for their array of needs.
- Ensure these young victims and their families are set on a path to healing and achieving their full potential in life.

I. Healing Individuals, Families, and Communities

Linked Systems of Care communities are concerned with the healing of individuals, families, and communities who have experienced or have been exposed to violence. Healing includes safety, justice, the opportunity to make positive social-emotional connections, and self-determination. Opportunities for healing occur at all points of contact; healing interventions are accessible, trauma-informed, strength-based, individualized, and gender- and culturally responsive. Parents, caregivers, and children should be meaningfully engaged in decision making for prevention, intervention, and healing. Parents and caregivers are offered coordinated treatment to address their own trauma histories and their reactions to their child's traumatic experience(s). Organizations and communities understand traumatic impact on providers, and institute policies that minimize vicarious trauma and secondary traumatic stress and increase staff resilience.

2. Sites' Logic Models: Montana, Virginia, Ohio, Illinois

MONTANA

				OUTCOME MEASURES	
PROBLEM	SUB-PROBLEM(S)	ACTIVITIES	OUTPUT MEASURES	SHORT	LONG
Systems in place to address child and youth victimization often fail to communicate and collaborate with each other to effectively address the trauma experienced by victims and their families. GOAL(S) Improve responses to child and youth victims and their families by providing consistent, coordinated responses that address the presenting issues and full range of victim needs.	Duplication of services; Gaps in services; Families not receiving services because they do not know where to look for assistance or how to navigate the system; Barriers to providing services (needs). OBJECTIVE(S) ▪ Maintain the existing network of AG members and project/pilot partners ▪ Statewide rollout of the VTS. ▪ Create financial and procedural sustainability. ▪ Evaluate data. ▪ Develop a replicable strategy.	▪ Contract services with a Project Coordinator and the CRG. ▪ Create sustainability through programs, funding, and policy recommendations. ▪ Complete the pilot, the VTS, and materials; revise as needed. ▪ Utilize policy workgroup to create recommendations. ▪ Automate the VTS into Connect. ▪ Create LSOC website. ▪ Create online training modules for VTS administrators. ▪ Conduct family interviews. ▪ Conduct cost/benefit analysis. ▪ Create plan to validate VTS.	▪ Contracted services with a Project Coordinator and the National Native Children's Trauma Center will be secured ▪ Number of trainings completed by VTS administrators. ▪ Number of pilot sites participating. ▪ Number of VTS administered, tribal and nontribal. ▪ Evaluation of VTS data. ▪ Number of documents developed for pilot sites- protocols, checklists, MOUs. ▪ Number of training materials created and revised. ▪ Number of TTA requests from pilot sites. ▪ Number scheduled meetings, and minutes. ▪ Programs and dollars secured for sustainability. ▪ Number of family interviews conducted. ▪ Cost/benefit. ▪ Policy changes recommended.	▪ Increase in collaborative, system of care-related workgroups. ▪ Increased knowledge of the MTPVTSI. ▪ Increased number of systems and agencies using the screening tool. ▪ Increase in number of children screened. ▪ Increase in number of children referred. ▪ Increased number of MOUs between agencies.	▪ Increase in number of VTS administrators. ▪ More children will be screened for victimization and trauma. ▪ Children will be screened at an earlier age. ▪ Reduced number of barriers for families to access services for their youth. ▪ Increased coordination and collaboration between agencies. ▪ Data to support changes to child services. ▪ Systemic change surrounding services.

VIRGINIA

INPUT/ RESOURCES	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	LONG-TERM OUTCOMES
Objective 1: To maintain and enhance a network of stakeholders consisting of all relevant systems.				
▪ Staff and their time ▪ Collaborative partners and their time ▪ Supplies ▪ Equipment	▪ Meet bi-monthly (PAT) ▪ Meet monthly (committee members) ▪ PAT approves all project outputs, organizational structure, policy and procedure recommendations, and next steps throughout the project	▪ # of PAT meetings ▪ # of Committee meetings ▪ # of Approvals made by PAT	▪ Increase PAT and committee members' knowledge about (1) policy and (2) practice across systems related to children/youth victims	▪ # of recommendations made for policy and/ or practice reform across systems
Objective 2: To finalize an implementation strategy for piloting the screening tool, training manual, and training module.				
▪ Staff and their time ▪ Collaborative partners and their time ▪ Supplies ▪ Equipment	▪ Finalize IRB pilot procedures ▪ Submit the IRB paperwork to Virginia Department of Social Services (DSS) ▪ Train pilot site staff on roles, expectations, etc. ▪ Offer ongoing training and technical assistance (TTA) opportunities to pilot sites ▪ Track screenings and referrals made at each pilot site	▪ # of IRB submissions ▪ # of pilot sites ▪ # of partnering agencies (at each pilot) who use the screening tool ▪ # of trainings offered at each pilot site ▪ # of pilot site staff trained ▪ # of children & youth screened ▪ # of children & youth referred to services	▪ Increase pilot site staff's/ service provider's knowledge about victimization and local services and resources	▪ # of collaborative agreements developed between agencies who serve victims of crime ▪ # of policies and/ or practice reforms across systems (i.e., new vs. modified)

VIRGINIA (CONTINUED)

INPUT/ RESOURCES	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	LONG-TERM OUTCOMES
Objective 3: To modify the implementation strategy based on pilot site recommendations for the screening tool, training manual, and training module.				
▪ Staff and their time ▪ Collaborative partners and their time ▪ Supplies ▪ Equipment	▪ Review feedback from pilot sites ▪ Review data collected on the screening tool ▪ Obtain feedback from national experts on proposed modifications ▪ Modify screening tool, training manual, & training module ▪ Modify TTA opportunities offered to pilot sites ▪ Modify tracking process (i.e., screening, referrals and interventions ▪ Modify IRB procedures & resubmit to DSS IRB	▪ # of modifications made to (a) screening tool, (b)training manual, (c) training module, (d) TTA opportunities, and (e) tracking process ▪ # of IRB resubmissions ▪ # of new sites recruited ▪ # of partnering agencies (at each new and old site)who will use the screening tool ▪ # of trainings offered at each new site ▪ # of new site staff trained ▪ # of children & youth screened ▪ # of children & youth referred to services	▪ Increase pilot staff's knowledge about victimization and local services and resources	▪ # of collaborative agreements developed between agencies who serve victims of crime ▪ #of policies and/ or practice reform across systems (i.e., new vs. modified)
Objectives 4 and 5: To participate in (a) workshops and trainings that will assist in replication efforts and (b) peer-to-peer and networking opportunities with participating demonstration sites.				
▪ Staff and their time ▪ Collaborative partners and their time ▪ Supplies ▪ Equipment	▪ Participate in calls and webinars with Montana (MT) team ▪ Participate in conference presentations, workshops, etc. with MT ▪ Attend all-sites meeting ▪ Attend cross-site visit with MT ▪ Host a cross-site visit for MT team in Virginia	▪ # of calls & webinars with MT ▪ # of conference presentation with MT ▪ # of all-sites meetings ▪ # of cross-site visits	▪ Increase Virginia project staff's knowledge by interacting with MT peers, national experts and colleagues, etc. ▪ Increase the awareness about the project for potential demonstration sites	▪ # of participants that have attended sessions on Vision 21: LSC and seek further information on the project (e.g., email list)
Objective 6: To identify lessons learned throughout the planning and piloting phases of the project.				
▪ Staff and their time ▪ Collaborative partners and their time ▪ Supplies ▪ Equipment	▪ Document strengths & weaknesses of each project phase (i.e., planning & piloting)	▪ # of documents created discussing lesson learned ▪ # of conference presentations made sharing lessons learned ▪ # of individuals who attend presentations on lessons learned (e.g., sign-in sheet)	▪ Increase knowledge about the strengths and weaknesses associated with (1) planning and (2) piloting phases of the project with PAT and committee members, community members, future demonstration sites, etc.	▪ #of process recommendations shared with current & future demonstration sites

OHIO

INPUTS	OUTPUTS:		OUTCOMES		
	ACTIVITIES	PARTICIPATION	SHORT	MEDIUM	LONG
▪ Project personnel ▪ Research Team ▪ Stakeholder groups and Work Group Chairs ▪ Content consultants ▪ Existing data and research ▪ IT resources ▪ Supplies and equipment ▪ OVC Grant funds ▪ OVC Technical Assistance	▪ On-site study visit to Virginia to learn from planning/ implementation phase.	▪ Project Coordinator ▪ Researcher	▪ Ohio systems will have an actively coordinated, informed and supported network of systems to address needs of child/youth victims. ▪ Ohio systems will have greater awareness of and access to data, information and resources for delivering prevention/ intervention services to child/ youth victims ▪ Ohio will be ready to implement Universal Child/Youth Victimization Screening Tool. ▪ Ohio will have statewide resource directory of EBP and victim services across systems. ▪ **Ohio child/youth victims will be supported by a Statewide Strategic Plan.**	▪ Victimized children/ youth in Ohio are accurately identified in a wide range of community settings. ▪ Victimized children/youth and their families in Ohio are effectively linked to resources in or near their communities. ▪ Systems impacting children/youth victims are linked at the state level for greater coordination to: a)improve family outcomes, responsiveness and efficiency, and b)increase leveraging and garnering of additional resources to support Ohio's child/youth victims.	▪ Ohio child and youth victims are well-served by linked Ohio system.
	▪ Needs assessment of current screening practices, tools and associated training. ▪ Resource Mapping of major initiatives in Ohio including Ohio studies, data, reports, protocols, special initiatives, collaborations and projects. ▪ Local Resources Survey of EBP services that assist child/ youth victims. ▪ Develop data- driven screening tool and associated training/ screening/ referral protocol.	▪ Project Team ▪ Research Team ▪ Stakeholders/Work Groups/Content Consultants: -Survivors/Families -Victim services (DV, Sexual Assault, Anti-trafficking) -Culturally-specific programs -Child welfare -CASA/GAL -Child Advocacy Ctr -Courts and legal -Law enforcement -Prosecutors -Foster agencies -Runaway and Homeless Youth Svcs. -Healthcare -Mental Health/ Trauma/Grief and Loss -Academic/ Research -Juvenile Corrections ▪ Key informants and focus groups as needed			

Assumptions: The model assumes that multiple screening tools exist across multiple systems with less than ideal coordination. The model also assumes that EBP (evidence-based practices) and Victim Services exist and are accessible to varying degrees throughout Ohio.

External Factors: Ohio is an ideal state for a demonstration project; as it a microcosm of the nation. A mix of urban, suburban, rural and rural Appalachian communities comprise its 88 counties creating unparalleled regional diversity. The demographic composition of Ohio's regions match the nation's: higher rates of poverty in the South, higher concentration of racial and ethnic minority groups in the Northeast.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ILLINOIS

PROBLEM	SUB-PROBLEM(S)	ACTIVITIES	OUTPUT MEASURES	OUTCOME MEASURES: SHORT	OUTCOME MEASURES: LONG
▪ Limited & sporadic assessment for trauma from victimization or exposure. ▪ Poor linkage to services within & across systems. ▪ Limited access to quality services.	▪ Limited understanding of the problem. ▪ Siloed thinking, responses, & funding. ▪ Lack of coordination within & across systems of care.	▪ Convene Coalition for strategic planning. ▪ Review/ analyze policies, practices, & protocols. ▪ Identify strengths & gaps in assessment, linkages & services. ▪ Survey interviews/focus groups with key stakeholders, victims, & victim service providers. ▪ Finalize statewide plan. ▪ Implement plan using an iterative process that includes identifying & making changes to the plan as needed, identifying & sharing lessons learned, & planning for program sustainability.	▪ Coalition membership list. ▪ Timeline of meetings & materials. ▪ Plan for network collaboration, communication, & growth. ▪ Relevant IRB materials & approvals. ▪ Gap analysis/ needs assessment final report. ▪ Final IL Action Plan. ▪ Response protocol. ▪ Statewide training timeline & content. ▪ Final victimization, exposure & trauma screening tool. ▪ OVC technical assistance engagement.	▪ Buy-in from key stakeholders across systems of care. ▪ Greater awareness of trauma & its impact. ▪ Improved collaboration & coordination across systems of care. ▪ Policies that facilitate linkages to services. ▪ Policies to support well-being of staff. ▪ Expansion of evidence-informed services. Mid-term ▪ Increase in early identification of trauma. ▪ Increase in trauma-informed responses. ▪ Successful linkages to services across & within systems. ▪ Individualized services based on needs of victims & families.	▪ Increased feelings of safety & justice in youth & families. ▪ Improved social-emotional well-being in youth & families. ▪ Decrease in secondary trauma. ▪ Decrease in trauma symptoms in youth & families. ▪ Improved health and well-being in staff.
GOAL(S) ▪ Improve responses to child & youth victims & their families by providing consistent, coordinated responses that address the presenting issues & full range of victim needs.	OBJECTIVE(S) ▪ Establish the Linking Systems of Care Coalition. ▪ Conduct a gap analysis/needs assessment. ▪ Develop a strategy. ▪ Implement the strategy.				

3. Sites' Screening Tools: Montana and Virginia

MONTANA VICTIMIZATION AND TRAUMA SCREENING (MONTANA VTS)
CHILD AND YOUTH (AGES BIRTH-8 YEARS)

START TIME: _____
END TIME: _____

☐ Anonymous
Has been screened with the Montana VTS within the last six months

ID #	012345	**Date**	
Gender		**Age**	
Ethnicity (check all that apply)	American Indian/Alaska Native ☐ African American/Black ☐ Arab/Middle Eastern ☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other: Please specify ☐_____		

EXPERIENCES: SOMETIMES VERY UPSETTING THINGS HAPPEN TO CHILDREN. I'D LIKE FOR YOU TO TELL ME IF ANY OF THE FOLLOWING THINGS HAVE HAPPENED TO YOUR CHILD IN THEIR *LIFETIME.*	**YES**	**NO**
1. Has anyone frequently withheld a meal from your child because they were angry or upset with them?	☐	☐
2. Has anyone ever kept your child from having a home or shelter to stay in?	☐	☐
3. Has anyone ever kept your child from seeing the doctor when they were hurt?	☐	☐
4. Has anyone ever stolen something from your child or your family?	☐	☐
5. Has your child ever witnessed their caregiver or someone in their home drinking heavily or do drugs in front of them?	☐	☐
6. Have other kids, including their brothers or sisters, ever hurt your child or threatened to hurt them (emotionally or physically)?	☐	☐
7. Has anyone in your home had special care because they were sick for a long time (cancer, epilepsy, cystic fibrosis, etc.)?	☐	☐
8. Has anyone ever used the internet or a cell phone to hurt or embarrass your child (starting rumors, sharing pictures)?	☐	☐
9. Has anyone who cares for your child or lives in their home ever threatened to or physically hurt another person in the child's home?	☐	☐
10. Has a parent or caregiver physically hurt your child?	☐	☐
a. If yes, has it been in the past 60 days? YES ☐ NO ☐		
11. Has a parent, caregiver, or anyone close to your child died (illness, injury, suicide)?	☐	☐
12. Has your child ever seen a parent or loved one removed from their home (kicked out or arrested)?	☐	☐
13. Has your child ever seen *or* experienced violence in their school or community (physical force meant to harm someone)?	☐	☐
14. Has anyone ever touched, or tried to touch, private parts of your child's body in a way that made them uncomfortable?	☐	☐
a. If yes, has it been in the past 60 days? YES ☐ NO ☐		
b. If yes, this happened within the last 60 days, was it by a parent or caregiver? (A caregiver is a parent, guardian, or any adult that resides in the home with the child. It can also be a daycare provider.) YES ☐ NO ☐		

FOLLOWING HAVE BEEN EXPRESSED BY YOUR CHILD *IN THE PAST MONTH*?

0-Not even once **1-**One or two times **2-**Three to five times **3-**More than five times

A.	Had trouble falling asleep, staying asleep, had restless sleep, or had bad dreams?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
B.	Had trouble paying attention or concentrating?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
C.	Have they developed new fears or anxieties (worries, nervousness, fearfulness)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
D.	Avoided or shown anxiety about people, places, or things (worries, nervousness, fearfulness)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
E.	Demonstrated extreme friendliness or extreme avoidance towards strangers?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
F.	Has it been difficult to console your child when they are upset?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
G.	Complained of uncomfortable feelings (sweating, upset stomach, thumping heart)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
H.	Become excessively angry, aggressive, easily upset, or had trouble regulating their emotions?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
I.	Displayed regression in learning (no longer reaching developmental milestones like sitting up, crawling, walking, "potty" training, getting ready for school, etc.)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
J.	Overreacted or startled easily?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
K.	Demanded attention with either abnormally positive or negative behaviors?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
L.	Lacked self-confidence?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
M.	**Talked about ending their life or killing themselves?	☐ **0**	☐ **1**	☐ **2**	☐ **3**

STOP! YOU ARE NOW FINISHED WITH THE SCREENER. PLEASE HAVE ADMINISTRATOR SCORE RESULTS.

ADMINISTRATOR REFLECTION

If the respondent answered "Yes" to any of the Experiences questions or indicated any response higher than zero in the Expressions section, ask if they are currently receiving professional help in the following areas and circle all that apply-

Behavioral Mental Health School based Other _____

Experiences Score: Add together scores from all "Yes" responses in the right-hand column of the Experiences section to arrive at the Experiences Score. Note- the follow up questions, 10a, 14a, and 14b should not be included in this final score. A "yes" response to either 10a or 14a require a report to Child Protective Services Central Intake (1-866-820-5437). Record the Experiences Score in the box below. An Experiences Score of four or higher suggests a referral is recommended.

Expressions Score: To arrive at the Expressions Score, add together the points associated with each Expressions section response. Each "1" response earns one point. Each "2" response counts as two points, and each "3" response counts as three points. The total points from the Expressions section should be added together to arrive at the Expressions Score, which should be recorded in box below. A score of 10 or more in the Expressions section indicates a referral is recommended.

Referral Made? · Yes, a referral was made to: _____
· No referral was made because: _____

Score:
Experiences _____
Expressions _____

****If question M indicates any answer other than 0, action needs to be taken immediately to get help for the child.**

How honestly do you feel the respondent answered this screener? · - Not at all · - Somewhat · - Mostly
Observations and Recommendations: _____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

MONTANA VICTIMIZATION AND TRAUMA SCREENER (MONTANA VTS)
CHILD AND YOUTH (AGES 9-17 Years)

START TIME: _____
END TIME: _____

☐ Anonymous
☐ Has been screened with the Montana VTS within the last six months
☐ A parent is present for this screening

ID #	012345	**Date**	
Gender		**Age**	
Ethnicity (check all that apply)	American Indian/Alaska Native ☐ African American/Black ☐ Arab/Middle Eastern ☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other: Please specify ☐_____		

EXPERIENCES: SOMETIMES VERY UPSETTING THINGS HAPPEN TO PEOPLE. AND I'D LIKE FOR YOU TO TELL ME IF THEY HAVE *EVER* HAPPENED TO YOU.	**YES**	**NO**
1. Have you frequently been denied a meal because your caregiver or parent was angry with you?	☐	☐
2. Have you ever not had a home or shelter to stay in?	☐	☐
3. Has anyone kept you from seeing the doctor when you were hurt?	☐	☐
4. Has anyone ever stolen something from you or your family?	☐	☐
5. Have you ever seen someone who cares for you drink a lot or do drugs in front of you?	☐	☐
6. Have other kids, including your brothers or sisters, ever hurt you or threatened to hurt you (emotionally or physically)?	☐	☐
7. Has anyone in your home had special care because they were sick for a long time (cancer, epilepsy, cystic fibrosis, etc.)?	☐	☐
8. Has anyone ever used the internet or a cell phone to hurt or embarrass you (starting rumors, sharing pictures)?	☐	☐
9. Have you ever seen one of your parents or caregivers threaten to or physically hurt another person in your home?	☐	☐
10. Has a parent or caregiver physically hurt you?	☐	☐
a. If yes, was this in the last 60 days? YES ☐ NO ☐		
11. Has a parent or anyone close to you died (illness, injury, suicide)?	☐	☐
12. Have you ever seen a parent or loved one removed from your home (kicked out or arrested)?	☐	☐
13. Have you ever seen *or* experienced violence in your school or community (physical force meant to harm someone)?	☐	☐
14. Has anyone ever touched, or tried to touch, private parts of your body in a way that made you uncomfortable?	☐	☐
a. If yes, was this in the last 60 days? YES ☐ NO ☐		
b. If yes, this was in the last 60 days, was it by a parent or caregiver? (A caregiver is a parent, guardian, or any adult that resides in the home with the child. It can also be a daycare provider.) YES ☐ NO ☐		

STATEMENTS AND I'D LIKE YOU TO TELL ME HOW OFTEN THEY HAVE HAPPENED *IN THE PAST MONTH*.

0-Not even once **1-**One or two times **2-** Three to five times **3-**More than five times

A. Had trouble sleeping or bad dreams?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
B. Had trouble paying attention or concentrating?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
C. Felt alone or not close to people around you?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
D. Have you not wanted to be around certain people, places, or things that remind you of upsetting or scary things that have happened?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
E. Felt sad or hopeless; like things will never get better?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
F. Had uncomfortable feelings when thinking about what has happened (sweating, upset stomach, thumping heart)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
G. Become angry or upset when thinking about things that have happened?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
H. Blamed yourself or felt guilty for things that have happened?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
I. Used alcohol or drugs to make you feel better? (You will NOT get in trouble for answering this honestly.)	☐ **0**	☐ **1**	☐ **2**	☐ **3**
J. Thought about hurting yourself, because you were angry or sad?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
K. **Thought about ending your life or killing yourself?	☐ **0**	☐ **1**	☐ **2**	☐ **3**

STOP! YOU ARE NOW FINISHED WITH THE SCREENER. PLEASE HAVE ADMINISTRATOR SCORE RESULTS.

ADMINISTRATOR REFLECTION

If the respondent answered "Yes" to any of the Experiences questions or indicated any response higher than zero in the Expressions section, ask if they are currently receiving professional help in the following areas and circle all that apply-

Behavioral Mental Health School based Other _____

Experiences Score: Add together scores from all "Yes" responses in the right-hand column of the Experiences section to arrive at the Experiences Score. Note- the follow up questions, 10a, 14a, and 14b should not be included in this final score. A "yes" response to either 10a or 14a require a report to Child Protective Services Central Intake (1-866-820-5437). Record the Experiences Score in the box below. An Experiences Score of four or higher suggests a referral is recommended.

Expressions Score: To arrive at the Expressions Score, add together the points associated with each Expressions section response. Each "1" response earns one point. Each "2" response counts as two points, and each "3" response counts as three points. The total points from the Expressions section should be added together to arrive at the Expressions Score, which should be recorded in box below. A score of 10 or more in the Expressions section indicates a referral is recommended.

Score:

Experiences _____

Expressions _____

Referral Made? · Yes, a referral was made to: _____
· No referral was made because: _____

****If question K indicates any answer other than 0, action needs to be taken immediately to get help for the child.**

How honestly do you feel the respondent answered this screener? · - Not at all · - Somewhat · - Mostly
Observations and Recommendations: _____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

INTERVIEWER FORMAT:

This is an INTERVIEW process; not to be handed directly to the child/youth and/or parent/caregiver.

Purpose: To identify possible victimization, to screen for the adverse impact of victimization, and to identify protective factors.

This tool focuses on self-reported experiences that have not been verified.

Victimization: According to the U.S. Department of Justice, Office for Victims of Crime, the categories of trauma that fit under victimization are as follows: Community Violence, Domestic Violence, School Violence, Emergency, Physical Assault, Sexual Abuse, Physical Abuse, Neglect, Psychological Maltreatment/Emotional Abuse, Sexual Assault/Rape, Kidnapping, Abduction, War/Political Violence, Trafficking, Sexual Exploitation, and Bullying.

Target Population: Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence.

Perpetrated by Family Member/Caregiver: If a child/youth and/or parent/caregiver discloses information about a possible incident, the question of whether it was perpetrated by a family member or caregiver should elicit additional concern for his/her immediate safety and well-being.

Notice of Participation: Participants can opt out of this screening at any time, for any reason stated or unstated and it will not impact the services they are already receiving by the agency conducting this screening.

Confidentiality: The information collected in this screening tool may be shared by the agency administering the tool to other providers who can offer additional services to the child/youth.

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

Part A: Demographic Information

AGENCY NAME:_____ UNIQUE IDENTIFIER: _____ DATE: _____

Time Start: _____ AM PM Time End: _____ AM PM

DEMOGRAPHIC INFORMATION		
CHILD'S AGE (in years): _____	**RACE/ETHNICITY (Check all that apply):**	**CAREGIVER'S PREFERRED LANGUAGE:**
CHILD'S GENDER: ☐ Male ☐ Female	☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Native American/American Indian ☐ Middle Eastern	☐ English ☐ Spanish ☐ Other: _____

SCREENING

Who is answering these questions? (check all that apply) ☐ Parent ☐ Caregiver ☐ Other: _____

Part B: Rapport Building. Many of the topics brought up in the screening tool are sensitive topics and often difficult to discuss. For this reason, we strongly encourage that the interviewer ask the child or youth a few informal questions to increase their comfort level with them prior to discussing any forms of victimization. The objective of this section in the screening tool is to develop trust with your client. You do NOT need to write down or record their answers to these questions.

Part C. Identifying Victimization. We are interested in learning about the child's life experiences. Sometimes very scary or upsetting things happen to people. These scary or upsetting things may be done by people the child knows and loves. I am going to ask you some questions today to find out if any scary or upsetting things have happened to your child. If you feel uncomfortable answering these questions, you can also tell me you want to stop.

→ The information you share with me is completely voluntary. If you do NOT want to answer a question, just say 'pass'.
P=Pass ☐ Check if you read the sentence above.

Answer Choices: 0 = No/Never 1 = Yes 2 = Yes, and has occurred in the last 30 days

Item	FOLLOW-UP QUESTIONS: If YES, ask "has it happened in the last 30 days?" If it occurred in the last 30 days, score as 2. If ***any*** responses are YES, ask "has it has occurred from a caregiver/family member?" Score as 0 or 1.	Answer	Perpetrated by a Caregiver/ Family Member? (YES = 1; NO = 0)
1.	**Has he/she ever been in a place where they were exposed to:**		
a.	Street fights and/or physical violence?		
b.	Gun shots? (where the child may have been in danger)		
c.	Robbery?		
2.	**Has anyone ever:**		
a.	Used a weapon (e.g., gun or knife) against the child?		
b.	Used a weapon against anyone else in the child's presence?		
c.	Withheld food or medicine from the child (e.g., went to bed without dinner)?		
d.	Threatened to hurt the child or someone they care about (e.g., I will hit you if you don't behave)?		
e.	Teased, bullied or harassed the child?		
f.	Physically hurt the child (e.g., pushed, slapped, thrown something at them)?		
g.	Observed a loved one being physically hurt?		
h.	Tried to get the child drunk or high because they wanted to have sex with the		

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

	child?		
i.	Asked/made the child do anything sexually?		
j.	Observed a caregiver being forced to do something sexually?		
k.	Offered to exchange money, food, shelter or material items with the child for sexual acts?		
	Total Score: **If total score equals ZERO, skip Part D. Go directly to Part E.**		

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

Part D. Reactions to Possible Victimization. Please tell us if the child has reported (or if you have observed) any of the following behaviors, feelings, etc. as a result of the experiences you just described. If yes, to what degree have these behaviors, feelings, etc. impacted the way he/she deals with life.

Answer Choices: 0 = No/Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always

Item	SCREENING QUESTIONS: If FOUR of the questions result in responses of 3 or higher, consider a referral.	Answer
3.	**In the last 30 days, how often has the child……**	
a.	Had trouble concentrating?	
b.	Had trouble sleeping?	
c.	Felt on guard for danger?	
d.	Felt depressed or down?	
e.	Felt irritable, with angry outbursts or aggressive behavior?	
f.	Had a loss of appetite or wanted to eat more than usual?	
g.	Isolated him or herself from others more than usual?	
h.	Experienced any language delay?	
i.	Tried to hurt himself or herself?*	
j.	Tried to hurt others?*	
k.	Said that he/she wanted to end his/her life?*	
l.	Displayed any regression of newly learned skills and/or behaviors?	
4.	**Have any of the situations (above) made the child's life difficult in the last 30 days:**	
a.	At school?	
b.	At home?	
c.	In relationships?	

Part E. Protective Factors. A positive mindset and external support can help children navigate through difficult situations. Please tell us more about the support systems available to the child. (This is for informational purposes only)

Answer Choices:		**0=No 1=Yes N/A**
5.	**Does the child have a strong support system from…**	
a.	Parents/Caregivers?	
b.	Extended family?	
c.	Friends?	
d.	Teachers/Coaches?	
e.	Mentor?	
6.	**Do you think the child feels valued…**	
a.	At school?	
b.	At home?	
c.	In relationships?	

Part F. Resources. Although life events can be very challenging, there are resources available to help us get through difficult times. Please tell us about resources the child or you have used in the past. (This is for informational purposes only)

Answer Choices:					**0=No 1=Yes**
7.	**Have you ever used any of these resources to help the child?**				
a.	Police		i.	Victim Advocate	
b.	Teacher or Coach		j.	800-hotline	
c.	School Counselor		k.	Health Professional (school nurse, family planning, etc.)	
d.	Probation Officer		l.	Mobile apps (e.g., Love is Not Abuse)	
e.	Social Worker		m.	Faith Community (clergy)	
f.	Attorney		n.	Local Community Organization	
g.	Therapist		o.	Peer Groups (Boys & Girls Club, afterschool group)	
h.	Emergency Shelter		p.	Other:	

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

*** Denotes the need to provide immediate intervention based on your agency's crisis response protocol.**

Screening for Youth Ages 0-6

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

Scoring Reminders:

1. Children and youth who have a total score of ZERO on Part C, skip to Part E (Resiliency/Protective Factors) as they have not reported any forms of victimization.
2. Children and youth who have a total score of two or more will be offered information about resources to local support services.
3. Children and youth who have a total score of two or more AND report that one of these events have occurred in the last 30 days, they will be offered a *written* referral (e.g., fax or phone call for the child/youth) to local support services as soon as possible (i.e., within 72 hours).
4. Children and youth who have a total score of two or more, reports that one of these events has occurred in the last 30 days AND reports that a caregiver was the perpetrator, will be flagged as a safety concern. The primary concern is whether a child or youth would leave the office and be in danger. For this reason, staff will follow their agency protocol for assessing crisis intervention.
5. If a youth answers questions in Part D with a 3 or 4, a referral for additional services is highly recommended.

   Note. Although this is a pilot study, instructions on this screening tool do not supersede your duties if you are classified as a mandated reporter in the Commonwealth of Virginia.

VIRGINIA VICTIMIZATION SCREEN SCORING		
Date Administered:	Unique Identifier:	Agency Name:
Part C, Score:		
Part D, # of questions answered with 3:	Part D, # of questions answered with 4:	
Total Score (Add Part C & D together):		

If interviewee scores 2 or more on Part C and/or endorses 3 or more items on Part D as a "3 or 4," then the individual is deemed requiring further assessment/intervention. Provide referral to local/regional resources for additional intervention. Recommendations for referrals are available in the training manual. If a youth responds "Yes" to an item in Part C and endorses victimization occurred in the past 30 days by a family member/caregiver or endorses a starred question in Part D, action to assess immediate safety (a heightened sense of urgency for response) is highly recommended (utilize agency-specific crisis response protocol.

Based on the scores (above), the client was referred to the following interventions:

INTERVENTIONS/NEXT STEPS		
☐	No Interventions Needed / Does not meet criteria	
☐	Interventions provided by Agency	☐ Accepted ☐ Declined ☐ Educational Material ☐ Mentoring ☐ Counseling Services ☐ Other (specify):
☐	Signed Release of Information/Authorization to	☐ YES ☐ NO

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

	Disclose		
☐	Referral for additional services or interventions	Date:	☐ Accepted ☐ Declined ***Follow-up:** ☐ Appointment Kept ☐ No Show ☐ 2-3 post-screen contacts?
Referred to:			

Comments: _____

_____

_____

_____

_____

Screening for Youth Ages 0-6

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

INTERVIEWER FORMAT:

This is an INTERVIEW process; not to be handed directly to the child/youth and/or parent/caregiver.

Purpose: To identify possible victimization, to screen for the adverse impact of victimization, and to identify protective factors.

This tool focuses on self-reported experiences that have not been verified.

Victimization: According to the U.S. Department of Justice, Office for Victims of Crime, the categories of trauma that fit under victimization are as follows: Community Violence, Domestic Violence, School Violence, Emergency, Physical Assault, Sexual Abuse, Physical Abuse, Neglect, Psychological Maltreatment/Emotional Abuse, Sexual Assault/Rape, Kidnapping, Abduction, War/Political Violence, Trafficking, Sexual Exploitation, Bullying.

Target Population: Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence.

Perpetrated by Family Member/Caregiver: If a child/youth and/or parent/caregiver discloses information about a possible incident, the question of whether it was perpetrated by a family member or caregiver should elicit additional concern for his/her immediate safety and well-being.

Notice of Participation: Participants can opt out of this screening at any time, for any reason stated or unstated and it will not impact the services they are already receiving by the agency conducting this screening.

Confidentiality: The information collected in this screening tool may be shared by the agency administering the tool to other providers who can offer additional services to the child/youth.

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

Part A: Demographic Information

AGENCY NAME:_____ UNIQUE IDENTIFIER: _____ DATE: _____

Time Start: _____ AM PM Time End: _____ AM PM

DEMOGRAPHIC INFORMATION		
AGE (in years): _____	**RACE/ETHNICITY (Check all that apply):**	**PREFERRED LANGUAGE**:
GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unspecified	☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Native American/American Indian ☐ Middle Eastern	☐ English ☐ Spanish ☐ Other: _____

SCREENING

These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver of a child, who answers in terms of their concerns for the child.

Who is answering these questions? (check all that apply) ☐ Child/Youth ☐ Parent/Caregiver

Was the parent or caregiver present during the session? ☐ YES ☐ NO

Part B: Rapport Building. Many of the topics brought up in the screening tool are sensitive topics and often difficult to discuss. For this reason, we strongly encourage that the interviewer ask the child or youth a few informal questions to increase their comfort level with them prior to discussing any forms of victimization. The objective of this section in the screening tool is to develop trust with your client. You do NOT need to write down or record their answers to these questions.

Part C: Identifying Victimization. We are interested in your life experiences. Sometimes very scary or upsetting things happen to people. These scary or upsetting things may be done by people you know and love. I am going to ask you some questions today to find out if any scary or upsetting things have happened to you. If you feel uncomfortable answering these questions, you can also tell me you want to stop.

→ The information you share with me is completely voluntary. If you do NOT want to answer a question, just say 'pass'.

P=Pass ☐ Check if you read the sentence above.

Answer Choices: 0-No/Never 1-Yes 2-Yes, and has occurred in the last 30 days

Item	SCREENING QUESTIONS: If YES, ask "has it happened in the last 30 days?" If it occurred in the last 30 days, score as 2. If any responses are YES, ask "has it has occurred from a caregiver/family member?" Score as 0 or 1.	Answer	Perpetrated by a Caregiver/ Family Member? (Y/N)
1.	**Have you ever been in a place where you saw:**		
a.	Street fights and/or physical violence?		
b.	Gun shots? (where you may have been in danger)		
c.	Someone taking or stealing something from another person?		
2.	**Has anyone ever:**		
a.	Used a gun or knife against you?		
b.	Used a gun or knife against anyone else you were hanging out with?		
c.	Kept food or medicine from you?		
d.	Said they would hurt you or someone you care about?		
e.	Teased, bullied or harassed you (in person or online)?		
f.	Pushed, slapped, or thrown something at you or a caregiver at home?		
g.	Tried to give you a drink or a pill because they wanted to see you naked?		
h.	Asked or made you (or your caregiver) take off your clothes, look at pictures of naked people, or do anything that you didn't want to do?		

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

i.	Offered to give you money, food or other things to touch them or for them to touch you?		
	Total Score: **If total score equals ZERO, skip Part D. Go directly to Part E.**		

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

Part D: Reactions to Possible Victimization. The events listed above can be difficult to handle. Please tell us if you have experienced any of the following feelings as a result of the experiences you just described and to what degree these feelings have impacted the way you deal with life.

Answer Choices: 0-No/Never 1-Rarely 2-Sometimes 3-Often 4-Always

Item	SCREENING QUESTIONS: If child/youth answers at least FOUR of the questions with responses of 3 or higher, consider a referral.	Answer
3.	**In the last 30 days, how often have you…**	
a.	Had a hard time paying attention or concentrating?	
b.	Had trouble sleeping/soothing?	
c.	Felt on the lookout for danger?	
d.	Felt sad or down?	
e.	Felt upset, like you wanted to scream or hit someone?	
f.	Did not want to eat or wanted to eat more than usual?	
g.	Found yourself wanting to be left alone more than usual?	
h.	Used drugs or alcohol	
i.	Tried to hurt yourself?*	
j.	Tried to hurt others?*	
k.	Said you wanted to stop living?*	
4.	**Have any of the situations (above) made your life difficult:**	
a.	At school?	
b.	At home?	
c.	In relationships?	

Part E: Protective Factors. Sometimes people around us can help us when we feel sad, upset, or having a problem. . Please tell us more about which people in your life help and support you.

Answer Choices:		**0=No**	**1=Yes**	**N/A**
5.	**Do you feel you get a lot of help from…**			
a.	Parents or the person who takes care of you?			
b.	Extended family? Aunts, uncles, cousins, etc.?			
c.	Friends?			
d.	Teachers/Coaches?			
e.	Mentor or someone who teaches you new things?			
6.	**Do you feel valued?**			
a.	At school?			
b.	At home?			
c.	In relationships?			

Part F: Resources. Sometimes life can be really hard but there are people who are not our parents who we can ask for help. Tell us which of these people you have asked for help for yourself or someone else.

Answer Choices:		**0=No**	**1=Yes**	**N/A**
7.	**Have you ever used any of the following resources to help yourself or someone else?**			
a.	Police	i.	Victim Advocate	
b.	Teacher or Coach	j.	800-hotline	
c.	School Counselor	k.	Health Professional (school nurse, family planning, etc.)	
d.	Probation Officer	l.	Mobile apps (e.g., Love is Not Abuse)	
e.	Social Worker	m.	Faith Community (clergy)	
f.	Attorney	n.	Local Community Organization	
g.	Therapist	o.	Peer Groups (Boys & Girls Club, afterschool group)	
h.	Emergency Shelter	p.	Other:	

*** Denotes the need to provide immediate intervention based on your agency's crisis response protocol.**

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

Scoring Reminders:

1. Children and youth who have a total score of ZERO on Part C, skip to Part E (Resiliency/Protective Factors) as they have not reported any forms of victimization.
2. Children and youth who have a total score of two or more will be offered information about resources to local support services.
3. Children and youth who have a total score of two or more AND report that one of these events have occurred in the last 30 days, they will be offered a *written* referral (e.g., fax or phone call for the child/youth) to local support services as soon as possible (i.e., within 72 hours).
4. Children and youth who have a total score of two or more, reports that one of these events has occurred in the last 30 days AND reports that a caregiver was the perpetrator, will be flagged as a safety concern. The primary concern is whether a child or youth would leave the office and be in danger. For this reason, staff will follow their agency protocol for assessing crisis intervention.
5. If a youth answers questions in Part D with a 3 or 4, a referral for additional services is highly recommended.

   Note. Although this is a pilot study, instructions on this screening tool do not supersede your duties if you are classified as a mandated reporter in the Commonwealth of Virginia.

VIRGINIA VICTIMIZATION SCREEN SCORING		
Date Administered:	Unique Identifier:	Agency Name:
Part C, Score:		
Part D, # of questions answered with 3:	Part D, # of questions answered with 4:	
Total Score (Add Part C & D together):		

If interviewee scores 2 or more on Part C and/or endorses 3 or more items on Part D as a "3 or 4," then the individual is deemed requiring further assessment/intervention. Provide referral to local/regional resources for additional intervention. Recommendations for referrals are available in the training manual. If a youth responds "Yes" to an item in Part C and endorses victimization occurred in the past 30 days by a family member/caregiver or endorses a starred question in Part D, action to assess immediate safety (a heightened sense of urgency for response) is highly recommended (utilize agency-specific crisis response protocol.

Based on the scores (above), the client was referred to the following interventions:

INTERVENTIONS/NEXT STEPS		
☐	No Interventions Needed / Does not meet criteria	
☐	Interventions provided by Agency	☐ Accepted ☐ Declined ☐ Educational Material ☐ Mentoring ☐ Counseling Services ☐ Other (specify):
☐	Signed Release of Information/Authorization to Disclose	☐ YES ☐ NO

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

☐	Referral for additional services or interventions	Date:	☐ Accepted ☐ Declined ***Follow-up:** ☐ Appointment Kept ☐ No Show ☐ 2-3 post-screen contacts?
Referred to:			

Comments: _____

_____

_____

_____

_____

Screening for Youth Ages 7-12

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

INTERVIEWER FORMAT:

This is an INTERVIEW process; not to be handed directly to the child/youth and/or parent/caregiver.

Purpose: To identify possible victimization, to screen for the adverse impact of victimization, and to identify protective factors.

This tool focuses on self-reported experiences that have not been verified.

Victimization: According to the U.S. Department of Justice, Office for Victims of Crime, the categories of trauma that fit under victimization are as follows: Community Violence, Domestic Violence, School Violence, Emergency, Physical Assault, Sexual Abuse, Physical Abuse, Neglect, Psychological Maltreatment/Emotional Abuse, Sexual Assault/Rape, Kidnapping, Abduction, War/Political Violence, Trafficking, Sexual Exploitation, Bullying.

Target Population: Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence.

Perpetrated by Family Member/Caregiver: If a child/youth and/or parent/caregiver discloses information about a possible incident, the question of whether it was perpetrated by a family member or caregiver should elicit additional concern for his/her immediate safety and well-being.

Notice of Participation: Participants can opt out of this screening at any time, for any reason stated or unstated and it will not impact the services they are already receiving by the agency conducting this screening.

Confidentiality: The information collected in this screening tool may be shared by the agency administering the tool to other providers who can offer additional services to the child/youth.

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH
VIRGINIA VICTIMIZATION SCREEN

Part A: Demographic Information

AGENCY NAME:_____ UNIQUE IDENTIFIER: _____ DATE: _____

Time Start: _____ AM PM Time End: _____ AM PM

DEMOGRAPHIC INFORMATION		
AGE (in years): _____	**RACE/ETHNICITY (Check all that apply):**	**PREFERRED LANGUAGE**:
GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unspecified	☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Native American/American Indian ☐ Middle Eastern	☐ English ☐ Spanish ☐ Other: _____

SCREENING

These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver of a child, who answers in terms of their concerns for the child.

Who is answering these questions? (check all that apply) ☐ Child/Youth ☐ Parent/Caregiver

Was the parent or caregiver present during the session? ☐ YES ☐ NO

Part B: Rapport Building. Many of the topics brought up in the screening tool are sensitive topics and often difficult to discuss. For this reason, we strongly encourage that the interviewer ask the child or youth a few informal questions to increase their comfort level with them prior to discussing any forms of victimization. The objective of this section in the screening tool is to develop trust with your client. You do NOT need to write down or record their answers to these questions.

Part C: Identifying Victimization. We are interested in your life experiences. Sometimes very scary or upsetting things happen to people. These scary or upsetting things may be done by people you know and love. I am going to ask you some questions today to find out if any scary or upsetting things have happened to you. If you feel uncomfortable answering these questions, you can also tell me you want to stop.

→ The information you share with me is completely voluntary. If you do NOT want to answer a question, just say 'pass'.

P=Pass ☐ Check if you read the sentence above.

Answer Choices: 0-No/Never 1-Yes 2-Yes, and has occurred in the last 30 days

Item	SCREENING QUESTIONS: If YES, ask "has it happened in the last 30 days?" If it occurred in the last 30 days, score as 2. If any responses are YES, ask "has it has occurred from a caregiver/family member?" Score as 0 or 1.	Answer	Perpetrated by a Caregiver/ Family Member? (Y/N)
1.	**Have you ever been in a place where you saw:**		
a.	Street fights and/or physical violence?		
b.	Gun shots? (where you may have been in danger)		
c.	Someone taking or stealing something from another person?		
2.	**Has anyone ever:**		
a.	Used a gun or knife against you?		
b.	Used a gun or knife against anyone else you were hanging out with?		
c.	Kept food or medicine from you?		
d.	Said they would hurt you or someone you care about?		
e.	Teased, bullied or harassed you (in person or online)?		
f.	Pushed, slapped, or thrown something at you or a caregiver at home?		
g.	Tried to give you a drink or a pill because they wanted to see you naked?		
h.	Asked or made you (or your caregiver) take off your clothes, look at pictures of naked people, or do anything that you didn't want to do?		

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

i.	Offered to give you money, food or other things to touch them or for them to touch you?		
	Total Score: **If total score equals ZERO, skip Part D. Go directly to Part E.**		

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

Part D: Reactions to Possible Victimization. The events listed above can be difficult to handle. Please tell us if you have experienced any of the following feelings as a result of the experiences you just described and to what degree these feelings have impacted the way you deal with life.

Answer Choices: 0-No/Never 1-Rarely 2-Sometimes 3-Often 4-Always

Item	SCREENING QUESTIONS: If child/youth answers at least FOUR of the questions with responses of 3 or higher, consider a referral.	Answer
3.	**In the last 30 days, how often have you…**	
a.	Had a hard time paying attention or concentrating?	
b.	Had trouble sleeping/soothing?	
c.	Felt on the lookout for danger?	
d.	Felt sad or down?	
e.	Felt upset, like you wanted to scream or hit someone?	
f.	Did not want to eat or wanted to eat more than usual?	
g.	Found yourself wanting to be left alone more than usual?	
h.	Used drugs or alcohol	
i.	Tried to hurt yourself?*	
j.	Tried to hurt others?*	
k.	Said you wanted to stop living?*	
4.	**Have any of the situations (above) made your life difficult:**	
a.	At school?	
b.	At home?	
c.	In relationships?	

Part E: Protective Factors. Sometimes people around us can help us when we feel sad, upset, or having a problem. . Please tell us more about which people in your life help and support you.

Answer Choices:		**0=No**	**1=Yes**	**N/A**
5.	**Do you feel you get a lot of help from…**			
a.	Parents or the person who takes care of you?			
b.	Extended family? Aunts, uncles, cousins, etc.?			
c.	Friends?			
d.	Teachers/Coaches?			
e.	Mentor or someone who teaches you new things?			
6.	**Do you feel valued?**			
a.	At school?			
b.	At home?			
c.	In relationships?			

Part F: Resources. Sometimes life can be really hard but there are people who are not our parents who we can ask for help. Tell us which of these people you have asked for help for yourself or someone else.

Answer Choices:		**0=No**	**1=Yes**	**N/A**
7.	**Have you ever used any of the following resources to help yourself or someone else?**			
a.	Police	i.	Victim Advocate	
b.	Teacher or Coach	j.	800-hotline	
c.	School Counselor	k.	Health Professional (school nurse, family planning, etc.)	
d.	Probation Officer	l.	Mobile apps (e.g., Love is Not Abuse)	
e.	Social Worker	m.	Faith Community (clergy)	
f.	Attorney	n.	Local Community Organization	
g.	Therapist	o.	Peer Groups (Boys & Girls Club, afterschool group)	
h.	Emergency Shelter	p.	Other:	

*** Denotes the need to provide immediate intervention based on your agency's crisis response protocol.**

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

Scoring Reminders:

1. Children and youth who have a total score of ZERO on Part C, skip to Part E (Resiliency/Protective Factors) as they have not reported any forms of victimization.
2. Children and youth who have a total score of two or more will be offered information about resources to local support services.
3. Children and youth who have a total score of two or more AND report that one of these events have occurred in the last 30 days, they will be offered a *written* referral (e.g., fax or phone call for the child/youth) to local support services as soon as possible (i.e., within 72 hours).
4. Children and youth who have a total score of two or more, reports that one of these events has occurred in the last 30 days AND reports that a caregiver was the perpetrator, will be flagged as a safety concern. The primary concern is whether a child or youth would leave the office and be in danger. For this reason, staff will follow their agency protocol for assessing crisis intervention.
5. If a youth answers questions in Part D with a 3 or 4, a referral for additional services is highly recommended.

   Note. Although this is a pilot study, instructions on this screening tool do not supersede your duties if you are classified as a mandated reporter in the Commonwealth of Virginia.

VIRGINIA VICTIMIZATION SCREEN SCORING		
Date Administered:	Unique Identifier:	Agency Name:
Part C, Score:		
Part D, # of questions answered with 3:	Part D, # of questions answered with 4:	
Total Score (Add Part C & D together):		

If interviewee scores 2 or more on Part C and/or endorses 3 or more items on Part D as a "3 or 4," then the individual is deemed requiring further assessment/intervention. Provide referral to local/regional resources for additional intervention. Recommendations for referrals are available in the training manual. If a youth responds "Yes" to an item in Part C and endorses victimization occurred in the past 30 days by a family member/caregiver or endorses a starred question in Part D, action to assess immediate safety (a heightened sense of urgency for response) is highly recommended (utilize agency-specific crisis response protocol.

Based on the scores (above), the client was referred to the following interventions:

INTERVENTIONS/NEXT STEPS		
☐	No Interventions Needed / Does not meet criteria	
☐	Interventions provided by Agency	☐ Accepted ☐ Declined ☐ Educational Material ☐ Mentoring ☐ Counseling Services ☐ Other (specify):
☐	Signed Release of Information/Authorization to Disclose	☐ YES ☐ NO

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

VISION 21: LINKING SYSTEMS OF CARE FOR CHILDREN AND YOUTH

VIRGINIA VICTIMIZATION SCREEN

☐	Referral for additional services or interventions	Date:	☐ Accepted ☐ Declined ***Follow-up:** ☐ Appointment Kept ☐ No Show ☐ 2-3 post-screen contacts?
Referred to:			

Comments: _____

_____

_____

_____

_____

Screening for Youth Ages 7-12

This product was supported by grant number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This screening tool is being pilot tested and is not a validated instrument. The information collected from this screening tool is not intended to diagnose conditions or inform legal decisions.

APPENDIX C
DATA COLLECTION INSTRUMENTS

Baseline Interview Protocol

Site Visit 1 Grantee Interview Protocol

Site Visit 1 Partner Interview Protocol

Site Visits 2&3 Grantee Interview Protocol

Site Visits 2&3 Partner Interview Protocol

Site Visit Researcher Interview Protocol

Evaluability Assessment Interview Protocol

Network Partner Survey (Time 1&2)

Network Partner Survey (Time 3)

Training and Technical Assistance Feedback Survey

Service Provider Survey

Youth Victim Survey

Evaluability Assessment Questionnaire

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

LSC Initial Site Assessment Interview Protocol

Site Name:
Interviewee(s) Name/Role:
Interviewer(s):
Date:

[Introduction, as relevant]
Thank you for meeting with us today. (Introduce selves). We work at ICF International, and we're studying the Office for Victims of Crime Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project. As you may know, we're funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees and identify best practices and lessons learned for implementing systems of care for child victims. As part of this, we're documenting what the sites are doing, who the key players are, what changes occur due to the demonstration project, and the outcomes of the demonstration project. This first phone interview is to help us understand your organization better, the history of the project, your vision for the project, and how the project has been progressing so far.

Before we begin, we wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time. The information you share is confidential in that we will not report your name in any of our reports. That being said, we may need to report the organization's name if that is pertinent to the content which may narrow down the possible respondents to those who are familiar with the organization. However, you will have a chance to review anything we write based on your interviews before it is published for accuracy and to let us know if there is anything sensitive that you are uncomfortable with. In addition, de-identified data may be made available in a research database available to other researchers. If this were to be included in the database, we would remove such information as your position and title, your organization's name or identifying characteristics, organizational practices that could identify the organization, personal stories or specific descriptions of incidents, and other information that could potentially be identifying. Does all of that make sense?

Would it be okay for us to record the interview so that we can go back to it if needed? Only the evaluation team will have access to this audio recording.

If you have any questions about this study or this interview process, you can contact us or the Project Manager (hand out business cards for PM and yourselves).

Before we begin, do you have any questions?

If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interviewee's agreement.)

A. OVC Grantee Information (to be completed ahead of time and confirmed with interviewee)

a. Project Grantee:
b. Project Partners:
c. Award Amount (YR1):
d. Previous NIJ/OVC Grantee (y/n):

LSC Initial Site Assessment Interview Protocol

B. History

First let me ask you a little about the background of your organization.

1. How long has your organization been in existence?
2. What are the primary activities and goals of the organization? (probe about client groups they serve, types of services they provide, etc.)
3. What is your role in the organization?

Next, I would like to learn more about how the project got started.

4. Who initiated the Vision 21: Linking Systems of Care project? How did you learn about the solicitation? Who was part of the development team? What was your role?
5. How did the development team go about developing the project framework and identifying partners? Did you have existing relationships with the partners you selected? If so, what have these interactions/partnerships entailed in the past?
6. How was the proposed gap analysis and needs assessment planned/developed?
7. What, if any, barriers were encountered in developing the proposal? How were these challenges addressed?
8. How will this grant modify, expand, or improve upon past efforts to build partnerships/networks to support youth victims?
9. Can you tell us about any past System of Care efforts in the state? *(Probe: who funded, when started, how long continued, goals, current status).* How will this effort be different from these past ones?

C. Project Description

10. We know that this first phase of the grants are to develop the framework and plan for future implementation based on what you learn in your gap analysis and needs assessment. However, do you have any concept yet of what this project will look like? (screening processes, services provided, how networks will work together, activities, referral/network logistics, etc.)
11. (Clarify the current membership of partners based on proposal.) Are there any additional partners currently included on the project? (Ask if they can send a list of all partners with contact information for individuals involved.)
12. In your opinion, what other organizations or systems need to be involved with the project?
13. What populations do you expect to serve? How are you defining a "child or youth victim" for this project?
14. Are there any specific sub-populations or unique populations you plan to reach as part of the project? How many youth victims do you anticipate serving? (How is this different from the number you serve now?)
15. Do you expect this project to reach all child victims in need of services in the state? If not, what factors might limit the reach of the project (limited resources, awareness, etc.)?
16. What would you say are the goals of your proposed project *overall*? What would you say are the goals of the each of the proposed components of this project?

    - How do these goals fit within your organization's larger goals? How do they relate to the objectives?
    - What types of activities will be conducted?

- What changes do you expect to see in the communities/jurisdictions as a result of the project?

17. Are there particular principles, guidelines, theory, or evidence the project is based on?
18. How do you plan to use the information gathered from the gap analysis and needs assessment to guide the project's implementation?
19. What would you say are the strengths of the proposed project?
20. What, if any, challenges have been encountered so far in the project? What challenges do you anticipate the project will face moving forward?

    - Political factors?
    - Financial factors?
    - Human resources?
    - What strategies may help to overcome these barriers?

21. What would facilitate success of the project?

D. Stakeholders

22. What characteristics of your state are important for us to understand in order to know the state context for this project (e.g., population demographics, political factors, culture, service landscape)? How will the project be tailored to the needs of this community?
23. What is the youth services field like in the state? Who are the key players in youth services? Which organizations did you not partner with, and why? Are there any other key players that are not a part of the project? Was there any reason for that? (Ask similar questions for juvenile justice system, education, health systems- basically ask what do we need to know about these systems as important context to understand their state and project)
24. How much awareness is there about this project throughout the state? (Probe about state government agencies, community organizations, residents, etc.)

Funding and Resources

25. Aside from OVC funding, what other financial resources will this project rely on?
26. Have you (the grantee) or other partners ever received OJP funding in the past? For what?
27. What non-monetary resources will you need for the project to succeed (such as people's time, equipment, etc.)?
28. Is the funding sufficient to support adequate staffing and other resources to carry out the project activities? If not, what aspects of the project are affected by insufficient funding? How so?
29. Are there any current plans for sustainability of the project after funding ends?
30. What types of support from OVC would be helpful? From the Council?

E. Evaluation

31. Do you have any current plans for collecting data to track and monitor success of this project? If so, can you please describe these plans? (Probe about types of data collected currently, will be collected later, what types of systems store these data, how they will analyze/use the data, who else involved in data collection/tracking, and the plan to report/share information from this data) *[Explain may be sending out a survey to ask them and their partners about the types of data they currently collect to better understand what is possible with the evaluation and measuring changes due to the demonstration program.]*

LSC Site Visit #1 Interview Protocol: Grantee

Interviewee:
Organization:
Date:
Lead Interviewer:
Interview Support:

[Introduction, as relevant]

Thank you for meeting with us today. (Introduce selves). We work at ICF International, and we're studying the Office for Victims of Crime Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project. As you may know, we're funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees and identify best practices and lessons learned for implementing systems of care for child victims. As part of this, we're documenting what the sites are doing, who the key players are, what changes occur due to the demonstration project, and the outcomes of the demonstration project.

During these visits, we want to get to know the grantees and all of their partners better and learn about what's been happening in the first year of the project so far. We know that the projects are all still in the preliminary planning stage, so a lot of what we'll be asking you about today is more about your organization and its current practices, how the planning has been going, and how you see the project moving forward. We'll also ask you some questions about the system of care intervention, but we recognize that sites may not have complete ideas about this yet, since you are still in the first planning phase of the demonstration.

Before we begin, we wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time. The information you share is confidential in that we will not report your name in any of our reports. That being said, we may need to report the organization's name if that is pertinent to the content which may narrow down the possible respondents to those who are familiar with the organization. However, you will have a chance to review anything we write based on your interviews before it is published for accuracy and to let us know if there is anything sensitive that you are uncomfortable with. In addition, de-identified data may be made available in a research database available to other researchers. If this were to be included in the database, we would remove such information as your position and title, your organization's name or identifying characteristics, organizational practices that could identify the organization, personal stories or specific descriptions of incidents, and other information that could potentially be identifying. Does all of that make sense?

Would it be okay for us to record the interview so that we can go back to it if needed? Only the evaluation team will have access to this audio recording.

If you have any questions about this study or this interview process, you can contact us or the Project Manager (hand out business cards for PM and yourselves).

Before we begin, do you have any questions?

If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interviewee's agreement.)

LSC Site Visit #1 Interview Protocol: Grantee

A. Grantee Role on Project

1. Does the project have a particular name within your site?
2. Since the project's inception, what has been your organization's role on the project?
3. Including yourself, how many staff within your organization work on the demonstration project?
4. How many staff does your organization have in total?
5. What is your role on the project?
6. What are the primary responsibilities of other staff on the project?
7. About what percent of each of these staff's time is dedicated to the project?

B. Partnerships

8. In your opinion, are there any other organizations that should be involved with the project? If so, which ones? Have there been any efforts to involve these organizations? If not, are there any plans to involve them in future activities? *(please describe)*

9. Are any of the system of care partners receiving grant funds during Phase I? Do you anticipate that they will receive grant funds during Phase II?
10. How would you describe how the partners work together on this project?
    - Have the partners experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
11. Are there events or opportunities in the state where key stakeholders involved in these issues get together (e.g., conferences, trainings)?

C. Phase I: Planning and Gap Analysis/Needs Assessment

12. Have you encountered any challenges in performing the Gap Analysis/Needs Assessment? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
13. How would you describe your working relationship with the partner agencies in terms of the gap analysis/needs assessment?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
14. How would you describe your working relationship with NCJFCJ?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that NCJFCJ could provide you?
15. How would you describe your working relationship with OVC?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that OVC could provide you?

D. Grantee Baseline Practices

In order for us to understand how the grant project will eventually change operations and practices, it's helpful for us to know what practices are like currently - *before* any changes are made.

16. From our previous interview, we have that your organization provides the following services *(list)*. Are there other services/functions your organization has that we haven't mentioned?
17. How do clients generally come to you? Can you describe your usual intake process (if applicable)?
18. How does your organization know or determine if a client is a victim? What information do you typically collect about their victim status?
19. How are services for child victims typically delivered? *(if this question is too broad for them given the scope of their services, ask them to give a prototypical example of how a youth victim might be served through their organization)*
20. What service eligibility restrictions does your organization have for victim services?
21. How does your organization currently handle *incoming* referrals? What does that process look like? Is there a written procedure for this process? *(if so, request)*
22. How does your organization currently make referrals to *outside* organizations? Is there a written procedure for this process? *(if so, request)*
23. Do you currently have referral protocols or MOUs with any of your system of care partners? What about with organizations other than your system of care partners?
24. Do you currently share client data with any other organizations? How is that handled? (Probe: MOUs, how link data, any de-identification practices)
25. Do you have any materials you could share with us (e.g., blank client intake forms, service delivery protocols) that document your organization's standard practices? If so, could we get a copy of those materials at the end of this interview?

Phase II: Implementation

26. We know that this first phase of the grant is only to conduct the Gap Analysis/Needs Assessment and begin developing a system of care framework for future implementation. That said, based on your current efforts, have you gained any better idea about what the eventual service delivery approach will look like (e.g., services provided, how networks will work together, activities, referral/network logistics, etc.)?
27. How do you think the project will change service delivery for this population?
28. What do you anticipate your organization's role will be in service delivery during Phase II of the project? (e.g., modifying/expanding existing services, changes to intake, training, referral mechanisms, etc.)
29. What will be the system of care partners' roles during Phase II (e.g., in coordinating service delivery amongst network members)?

E. Successes, Challenges, and Lessons Learned

We'd like to wrap up with some final questions about the project as a whole.

30. In our previous interview, you said that the project's overall goals were to [*pull from interview*]. Has your understanding of the project goals and objectives changed since our interview? If so, what has changed?
31. How does your organization benefit from participating in the project?

32. What would you say are the strengths of the project?
    a. What about [X] makes it a strength/helps the project?
33. What do you perceive as the project's greatest success(es) to date?
34. Have you encountered any challenges or limitations not previously discussed? *(please describe)*
    - Have you resolved these challenges or limitations? How?
    - If not, what would help to resolve these issues?
35. Are there any tools, resources, or training that have been useful to your project during Phase I? *(please describe)*
36. Do you have any "lessons learned" for other organizations/jurisdictions interested in engaging in similar initiatives (e.g., factors that facilitate successful collaboration)?

A. Site-Specific Questions, Materials, and Wrap-up

[Ask any questions from the previous interview(s) that were skipped for the sake of time that are not covered here and any other site-specific questions based on missing information or items needing clarification after reviewing the Site Profiles, Semiannual Progress Reports, Monthly Phone Call Notes, and data request survey]

Is there anything that we did not ask you that you would like to share with us? Do you have any questions for us?

Please ask the grantee for copies of any relevant materials they'd be willing to share: client intake forms, service delivery/referral protocols, MOUs, preliminary reports from Gap Analysis/Needs Assessment, etc.; data materials: code books, blank printout of database or redacted screenshot of database, blank instruments used for client surveys, etc.

LSC Site Visit #1 Interview Protocol: Partners

Interviewee:
Organization:
Date:
Lead Interviewer:
Interview Support:

[Introduction, as relevant]
Thank you for meeting with us today. (Introduce selves). We work at ICF International, and we're studying the Office for Victims of Crime Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project. As you may know, we're funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees and identify best practices and lessons learned for implementing systems of care for child victims. As part of this, we're documenting what the sites are doing, who the key players are, what changes occur due to the demonstration project, and the outcomes of the demonstration project.

During these visits, we want to get to know the grantees and all of their partners better and learn about what's been happening in the first year of the project so far. We know that the projects are all still in the preliminary planning stage, so a lot of what we'll be asking you about today is more about your organization and its current practices, how the planning has been going, and how you see the project moving forward.

Before we begin, we wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time. The information you give us is confidential in that we will not report your name in any of our reports. That being said, we may need to report the organization's name if that is pertinent to the content which may narrow down the possible respondents to those who are familiar with the organization. However, you will have a chance to review anything we write based on your interviews before it is published for accuracy and to let us know if there is anything sensitive that you are uncomfortable with. In addition, de-identified data may be made available in a research database available to other researchers. If this were to be included in the database, we would remove such information as your position and title, your organization's name or identifying characteristics, organizational practices that could identify the organization, personal stories or specific descriptions of incidents, and other information that could potentially be identifying. Does all of that make sense?

Would it be okay for us to record the interview so that we can go back to it if needed? Only the evaluation team will have access to this audio recording.

If you have any questions about this study or this interview process, you can contact us or the Project Manager (hand out business cards for PM and yourselves).

Before we begin, do you have any questions?

If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interviewee's agreement.)

LSC Site Visit #1 Interview Protocol: Partners

A. Organizational History and Staffing

First let me ask you a little about the background of your organization.

1. How long has your organization been in existence?
2. What is your organization's primary activities and goals? (This is a question about the organization generally, not about project activities/goals. Probe about client groups they serve, types of services they provide, etc.)
3. How many staff does your organization have in total?
4. How did your organization become involved with the demonstration project?
   - *Had you already been involved in other existing system of care projects?*
   - *When did you join the project?*
   - *Were you involved during the grant proposal stage?*
5. How does your organization benefit from participating in the project?
6. What is your organization's current role in the demonstration project?
7. What is your role on the project?
8. Are there other staff within your organization that work on the demonstration project? How many? What are their roles?
9. About what percent of each of these staff's time is dedicated to the project?

B. Partnerships

10. Did you have existing relationships with the grantee or other Steering Committee members before this grant? If so, what have these interactions/partnerships entailed in the past? *<go through each key partner one-by-one>*
11. How would you describe how the partners work together on this project?
    - Have the partners experienced any challenges working together? *(please describe*) If so, have you resolved these challenges? How? If not, what would help resolve these issues?
12. In your opinion, are there any other organizations that should be involved with the project? If so, which ones?
13. How would you describe the overall goal of the project? What types of changes do you expect to see because of the project?
14. What do you anticipate your role to be in service delivery during the second phase of the project after the gap analysis/needs assessment is completed?
15. What, if any, challenges do you anticipate you'll encounter in *implementing* the service delivery model after the gap analysis/needs assessment is done?

C. Grantee Baseline Practices

In order for us to understand how the project will eventually change operations and practices, it's helpful for us to know what practices are like currently- before any changes are made. (*This section may not be applicable for some organizations that do not provide services or interact directly with youth victims)*

16. What services does your organization provide generally? For child victims specifically?
17. How do clients generally come to you? Can you describe your normal intake process (if applicable)?
18. How does your organization know if a youth is a victim? What information do you typically collect about their victimization status?

19. How are services for child victims typically delivered? *(if this question is too broad for them given the scope of their services, ask them to give a prototypical example of how a youth victim might be served through their organization)*
20. *(If org is not solely youth victim clients)* Do you have any special sub-projects or initiatives focused on youth victim populations?
21. What eligibility restrictions does your organization have for victim services?
22. How does your organization currently handle *incoming* referrals? What does that process look like? Is there a written procedure for this process? *(if so, request)*
23. How does your organization currently make referrals to *outside* organizations? Is there a written procedure for this process? *(if so, request)*
24. Do you currently have referral protocols or MOUs with any of your system of care partners? What about with other organizations you commonly give or receive referrals?
25. Do you currently share client data with any other organizations? How is that handled? (Probe: MOUs, how link data, any de-identification practices)
26. Do you have any materials you could share with us (e.g., blank client intake forms, service delivery protocols) that document your organization's standard practices? If so, could we get a copy of those materials at the end of this interview?

D. Landscape of Services

27. What is the youth victim services field like in the community? Who are the key players in youth victim services?

E. Successes, Challenges, and Lessons Learned

We'd like to wrap up with some final questions about the project as a whole.

28. What would you say are the greatest strengths of the project?
    a. What about [X] makes it a strength/helps the project?
29. What do you perceive as the project's greatest success(es) to date?
30. Have there been any tools, resources, or training that have been useful to the project so far? *(please describe)*
31. Have there been any other challenges or limitations with the project that we have not previously discussed? *(please describe)*
    - Have you resolved these challenges or limitations? How?
    - If not, what would help resolve these issues?
32. Do you have any "lessons learned" for other organizations/jurisdictions interested in engaging in similar initiatives (e.g., factors that facilitate successful collaboration)?

F. Site-Specific Questions, Materials, and Wrap-up

[Ask any questions from the previous interview(s) that were skipped for the sake of time that are not covered here and any other site-specific questions based on missing information or items needing clarification after reviewing the Site Profiles, Semiannual Progress Reports, Monthly Phone Call Notes, and data request survey]

Is there anything that we did not ask you that you would like to share with us?

LSC Site Visit #1 Interview Protocol: Partners

Please ask the partner for copies of any relevant materials (e.g., client intake forms, code books, blank printout or black-out screenshot of database, blank instruments used for client surveys, MOUs, referral protocols, etc.)

LSC Site Visit #2 & 3 Interview Protocol: Grantee

Interviewee:
Organization:
Date:
Lead Interviewer:
Interview Support:

[Introduction, as relevant]
Thank you for meeting with us today. (Introduce selves). As you know, my employer ICF is funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees. We are also interested in identifying "best practices" and "lessons learned" for implementing systems of care for child victims. As part of this, we are documenting what the sites are doing, who the key players are, what changes occur due to the demonstration project, and the outcomes of the demonstration project.

During these visits, we want to get to know you and all of your partners better as well as learn about what has been happening thus far in the second year of the project.

Before we begin, I wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time. The information you share is confidential in that we will not report your name in any of our reports. That being said, we may need to report the organization's name if that is pertinent to the content. This could potentially narrow down the possible respondents to those who are familiar with the organization. However, you will have an opportunity to review anything written based on our interview for accuracy before it is published. Please let us know if there is anything sensitive that you are uncomfortable with being shared. In addition, de-identified data (that is, data that does not have your name attached to it) might be made available through a research database. Other researchers may have access to this database. You should understand that it might be possible for someone to identify you by narrowing the number of people associated with your position and title, your organization's name or identifying characteristics, any organizational practices that could identify the organization, and personal stories or specific descriptions of incidents. Does all of that make sense?

Would it be okay for us to record the interview so that we can go back to it if needed? Only the evaluation team will have access to this audio recording.

If you have any questions about this study or this interview process, you can contact us or the Project Manager (hand out business cards for PM and yourselves).

Before we begin, do you have any questions?

If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interviewee's agreement.)

LSC Site Visit #2 & 3 Interview Protocol: Grantee

A. Grantee Role on Project

1. Have there been any changes to your organization's role on the project over the past year?
2. Have there been any changes to your personal role(s) on the project over the past year?
3. Including yourself, how many staff within your organization work on the demonstration project?
4. What are the primary responsibilities of other staff from your organization on the demonstration project?
5. About what percent of each of these staff's time is dedicated to the project?

B. Partnerships

6. In your opinion, are there any organizations that are missing from the project that should be involved? If so, which ones? Have there been any efforts to involve these organizations? If not, are there any plans to involve them in future activities? *(please describe)*
7. Did any of the partners on the project receive funding as part of this grant during Phase 1? Do you anticipate that they will receive funding from this grant during Phase 2 (or are they receiving the funds, if implementation has begun)?
8. Over the past year, the structure of the team has changed somewhat. For example [use relevant examples]. How have these changes impacted the project or the work? Are there any other changes that stand out to you? Are you expecting any changes moving forward?
9. What has been the role of the [Stakeholder Group] in Phase I of the project? Will this (does this) look different in Phase II?
10. Are there other events or opportunities in the state where key stakeholders involved in these issues get together (e.g., conferences, trainings)?

C. Phase I: Planning and Gap Analysis/Needs Assessment

11. Did you encounter any challenges in performing the gap analysis/needs assessment? *(please describe)* If so, how did you resolve these challenges? What lessons did you learn from these challenges?
12. How would you describe your working relationship with the partners on the project in terms of the gap analysis/needs assessment? (Also ask about their working relationships with them during the pilot phase, if the pilots have launched by then).
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
13. How would you describe your working relationship with NCJFCJ?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that NCJFCJ could provide you?
14. How would you describe your working relationship with OVC?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that OVC could provide you?
15. How would you describe your working relationship with [Research Partner]?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that [Research Partner] could provide you?

D. Phase II: Pilot

16. Can you talk generally about your experience working with the pilot sites thus far? [list elements of pilot and ask how each portion went – development of screening tool and training manual, IRB approvals, working with pilot site partners, etc.]
17. How do you think the project [will change/is changing] service delivery for crime victims?
18. Are there any eligibility restrictions (e.g., income limits) for victims receiving services under this project?
19. What is your organization's role in service delivery during the current phase of the project? (e.g., modifying/expanding existing services, changes to intake, training, referral mechanisms, etc.)
20. What is the role of each partner during the current phase of the project [ask if there is sufficient time]?

E. Successes, Challenges, and Lessons Learned

We'd like to wrap up with some final questions about the project as a whole.

21. In our previous interview, you said that the project's overall goals were to [*pull from interview*]. Has your understanding of the project goals and objectives changed since our interview? If so, what has changed?
22. What benefits does your organization get from participating in the project?
23. What would you say are the strengths of the project?
    a. What about [X] makes it a strength/helps the project?
24. What do you perceive as the project's greatest success(es) to date?
25. Have there been any challenges or limitations that we have not previously discussed? *(please describe)*
    - Have you resolved these challenges or limitations? How?
    - If not, what would help to resolve these issues?
26. Are there any tools, resources, or training that have been useful to the project so far? *(please describe)*
27. Do you have any "lessons learned" for other organizations/jurisdictions interested in engaging in similar initiatives (e.g., factors that facilitate successful collaboration)?

A. Site-Specific Questions, Materials, and Wrap-up

[Ask any questions from the previous interview(s) that were skipped for the sake of time that are not covered here and any other site-specific questions based on missing information or items needing clarification after reviewing the Site Profiles, Semiannual Progress Reports, Monthly Phone Call Notes, and data request survey]

28. Is there anything that we did not ask you that you would like to share with us? Do you have any questions for us?

Please ask the grantee for copies of any relevant materials they'd be willing to share: client intake forms, service delivery/referral protocols, MOUs, preliminary reports from Gap Analysis/Needs Assessment, etc.; data materials: code books, blank printout of database or redacted screenshot of database, blank instruments used for client surveys, etc.

LSC Site Visit #2 & 3 Interview Protocol: Partners

Interviewee:
Organization:
Date:
Lead Interviewer:
Interview Support:

[Introduction, as relevant]
Thank you for meeting with us today. (Introduce selves). As you may know, my employer ICF is funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees. We are also interested in identifying "best practices" and "lessons learned" for implementing systems of care for child victims. As part of this, we are documenting what the sites are doing, who the key players are, what changes occur due to the demonstration project, and the outcomes of the demonstration project.

During these visits, we want to get to know you and all of the partners better as well as learn about what has been happening in the thus far in the second year of the project.

Before we begin, I wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time. The information you give us is confidential in that we will not report your name in any of our reports. That being said, we may need to report the organization's name if that is pertinent to the content. This could potentially narrow down the possible respondents to those who are familiar with the organization. However, you will have an opportunity to review anything written based on our interview for accuracy before it is published. Please let us know if there is anything sensitive that you are uncomfortable with being shared. In addition, de-identified data (that is, data that does not have your name attached to it) might be made available through a research database. Other researchers may have access to this database. You should understand that it might be possible for someone to identify you by narrowing the number of people associated with your position and title, your organization's name or identifying characteristics, any organizational practices that could identify the organization, and personal stories or specific descriptions of incidents. Does all of that make sense?

Would it be okay for us to record the interview so that we can go back to it if needed? Only the evaluation team will have access to this audio recording.

If you have any questions about this study or this interview process, you can contact us or the Project Manager (hand out business cards for PM and yourselves).

Before we begin, do you have any questions?

If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interviewee's agreement.)

LSC Site Visit #2 & 3 Interview Protocol: Partners

A. Organizational History and Staffing

1. Have there been any changes to your organization's role on the project in the past year?
2. Have there been any changes to your personal role(s) on the project over the past year?
3. Including yourself, how many staff within your organization work on the demonstration project?
4. What are the primary responsibilities of other staff from your organization on the demonstration project?
5. About what percent of each of these staff's time is dedicated to the project?
6. What benefits does your organization get from participating in the project?

B. Partnerships

7. In your opinion, are there any organizations that are missing from the project that should be involved? If so, which ones? Have there been any efforts to involve these organizations? If not, are there any plans to involve them in future activities? (please describe)
8. How would you describe the partners' ability to work together?
    - Have the partners experienced any challenges working together? *(please describe*) If so, have you resolved these challenges? How? If not, what would help resolve these issues?
9. What is your role to be in service delivery during the second phase of the project (the pilot phase – probe about level of involvement and how role as shifted from prior year)?
10. What, if any, challenges do you anticipate you'll encounter in *implementing* the service delivery model after the pilot phase is done?

C. Grantee Baseline Practices

In order for us to understand how the project will eventually change operations and practices, it's helpful for us to know what practices are like currently- before any changes are made. (*This section may not be applicable for some organizations that do not provide services or interact directly with youth victims)*

11. How would you describe the overall goal of the project? What types of changes do you expect to see because of the project?
12. What eligibility restrictions (e.g. income limits) does your organization have for people receiving services?
13. Do you currently have referral protocols or MOUs with any of the organizations on the [Stakeholder Group]? What about with other organizations you commonly give or receive referrals?
14. Do you have any materials you could share with us (e.g., blank client intake forms, service delivery protocols) that document your organization's standard practices? If so, could we get a copy of those materials at the end of this interview?

D. Stakeholders

15. What is the youth victim services field like in the community? Who are the key players in youth victim services?

E. Successes, Challenges, and Lessons Learned

We'd like to wrap up with some final questions about the project as a whole.

16. What would you say are the greatest strengths of the project?
    a. What about [X] makes it a strength/helps the project?
17. What do you perceive as the project's greatest success(es) to date?

18. Have there been any challenges or limitations that we have not previously discussed? *(please describe)*
    - Have you resolved these challenges or limitations? How?
    - If not, what would help resolve these issues?
19. Are there any tools, resources, or training that have been useful to the project so far? *(please describe)*

20. Do you have any "lessons learned" for other organizations/jurisdictions interested in engaging in similar initiatives (e.g., factors that facilitate successful collaboration)?

F. Questions, Materials, and Wrap-up

[Ask any questions from the previous interview(s) that were skipped for the sake of time that are not covered here and any other site-specific questions based on missing information or items needing clarification after reviewing the Site Profiles, Semiannual Progress Reports, Monthly Phone Call Notes, and data request survey]

21. Is there anything that we did not ask you that you would like to share with us?

Please ask the partner for copies of any relevant materials (e.g., client intake forms, code books, blank printout or black-out screenshot of database, blank instruments used for client surveys, MOUs, referral protocols, etc.)

LSC Site Visit Interview Protocol: Researcher

Interviewee:
Organization:
Date:
Lead Interviewer:
Interview Support:

[Introduction, as relevant]
Thank you for meeting with us today. (Introduce selves). We work at ICF International, and we're studying the Office for Victims of Crime Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project. As you may know, we're funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees and identify best practices and lessons learned for implementing systems of care for child victims. As part of this, we're documenting what the sites are doing, who the key players are, what changes occur due to the demonstration project, and the outcomes of the demonstration project.

During these visits, we want to get to know the grantees and all of their partners better and learn about what's been happening in the first year of the project so far. We know that the projects are all still in the preliminary planning stage, so a lot of what we'll be asking you about today is more about your organization and its current practices, how the planning has been going, and how you see the project moving forward.

Before we begin, we wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time. The information you give us is confidential in that we will not report your name in any of our reports. That being said, we may need to report the organization's name if that is pertinent to the content which may narrow down the possible respondents to those who are familiar with the organization. However, you will have a chance to review anything we write based on your interviews before it is published for accuracy and to let us know if there is anything sensitive that you are uncomfortable with. In addition, de-identified data may be made available in a research database available to other researchers. If this were to be included in the database, we would remove such information as your position and title, your organization's name or identifying characteristics, organizational practices that could identify the organization, personal stories or specific descriptions of incidents, and other information that could potentially be identifying. Does all of that make sense?

Would it be okay for us to record the interview so that we can go back to it if needed? Only the evaluation team will have access to this audio recording.

If you have any questions about this study or this interview process, you can contact us or the Project Manager (hand out business cards for PM and yourselves).

Before we begin, do you have any questions?

If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interviewee's agreement.)

LSC Site Visit Interview Protocol: Researcher

A. Organizational History and Staffing

First let me ask you a little about the background of your organization.

1. How long has your organization been in existence?
2. What is your organization's primary activities and goals? (This is a question about the organization generally, not about project activities/goals. Probe about client groups they serve, types of services they provide, etc.)
3. How many staff does your organization have in total?
4. How did your organization become involved with the demonstration project?
   - *Had you already been involved in other existing system of care projects?*
   - *When did you join the project?*
   - *Were you involved during the grant proposal stage?*
5. What benefits does your organization get from participating in the project?
6. What is your organization's current role in the demonstration project?
7. What is your role on the project?
8. Are there other staff within your organization that work on the demonstration project? How many? What are their roles?
9. About what percent of each of these staff's time is dedicated to the project?

B. Partnerships

10. Did you have existing relationships with the grantee or other Steering Committee members before this grant? If so, what have these interactions/partnerships entailed in the past?
11. How would you describe the partners' ability to work together?
    - Have the partners experienced any challenges working together? *(please describe*) If so, have you resolved these challenges? How? If not, what would help resolve these issues?
12. In your opinion, are there any other organizations that should be involved with the project? If so, which ones?
13. Are there events or opportunities in the state where key stakeholders involved in these issues get together (e.g., conferences, trainings)?
14. How would you describe the overall goal of the project? What types of changes do you expect to see because of the project?
15. What do you anticipate your role to be in service delivery during the second phase of the project after the gap analysis/needs assessment is completed?
16. What, if any, challenges do you anticipate you'll encounter in *implementing* the service delivery model after the gap analysis/needs assessment is done?

C. Phase I: Planning and Gap Analysis/Needs Assessment

17. Have you encountered any challenges in performing the Gap Analysis/Needs Assessment? (please describe) If so, have you resolved these challenges? How? If not, what would help resolve these issues?
18. How would you describe your working relationship with the partner agencies in terms of the gap analysis/needs assessment?

- Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?

19. How would you describe your working relationship with NCJFCJ?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that NCJFCJ could provide you?
20. How would you describe your working relationship with OVC?
    - Have you experienced any challenges working together? *(please describe)* If so, have you resolved these challenges? How? If not, what would help resolve these issues?
    - Is there any additional support that OVC could provide you?

D. Grantee Baseline Practices (likely not applicable for research organization)

In order for us to understand how the project will eventually change operations and practices, it's helpful for us to know what practices are like currently- before any changes are made. (*This section may not be applicable for some organizations that do not provide services or interact directly with youth victims)*

21. What services does your organization provide generally? For child victims specifically?
22. How do clients generally come to you? Can you describe your normal intake process (if applicable)?
23. How does your organization know if a youth is a victim? What information about do you typically collect about their victimization status?
24. How are services typically delivered? *(if this question is too broad for them given the scope of their services, ask them to give a prototypical example of how a youth victim might be served through their organization)*
25. *(If org is not solely youth victim clients)* Do you have any special sub-projects or initiatives focused on youth victim populations?
26. What eligibility restrictions does your organization have?
27. How does your organization currently handle *incoming* referrals? Is there a written procedure for this process? *(if so, request)*
28. How does your organization currently make referrals to *outside* organizations? Is there a written procedure for this process? *(if so, request)*
29. Do you currently have referral protocols or MOUs with any of your system of care partners? What about with other organizations you commonly give or receive referrals?
30. Do you currently share client data with any other organizations? How is that handled? (Probe: MOUs, how link data, any de-identification practices)
31. Do you have any materials you could share with us (e.g., blank client intake forms, service delivery protocols) that document your organization's standard practices? If so, could we get a copy of those materials at the end of this interview?

E. Stakeholders

32. What is the youth victim services field like in the community? Who are the key players in youth victim services?

F. Successes, Challenges, and Lessons Learned

We'd like to wrap up with some final questions about the project as a whole.

33. How do you think the project will change service delivery for this population?
34. What would you say are the greatest strengths of the project?
    a. What about [X] makes it a strength/helps the project?
35. What do you perceive as the project's greatest success(es) to date?
36. Have there been any tools, resources, or training that have been useful to the project so far? *(please describe)*
37. Have there been any other challenges or limitations with the project that we have not previously discussed? *(please describe)*
    - Have you resolved these challenges or limitations? How?
    - If not, what would help resolve these issues?
38. Do you have any "lessons learned" for other organizations/jurisdictions interested in engaging in similar initiatives (e.g., factors that facilitate successful collaboration)?

G. Site-Specific Questions, Materials, and Wrap-up

[Ask any questions from the previous interview(s) that were skipped for the sake of time that are not covered here and any other site-specific questions based on missing information or items needing clarification after reviewing the Site Profiles, Semiannual Progress Reports, Monthly Phone Call Notes, and data request survey]

Is there anything that we did not ask you that you would like to share with us?

Please ask the partner for copies of any relevant materials (e.g., client intake forms, code books, blank printout or black-out screenshot of database, blank instruments used for client surveys, MOUs, referral protocols, etc.)

LSC Evaluability Assessment Interview Protocol

Site Name:
Interviewee(s) Name/Role:
Interviewer(s):
Date:

[*Interviewer Note: This interview protocol is intended to be used to conduct interviews with project staff and key partners following the completion and analysis of the Evaluability Assessment Questionnaire. Interview questions should be tailored to the participant with probes used to elicit additional details where necessary.*]

Thank you for meeting with us today. As you know, my employer, ICF, is funded by the National Institute of Justice to conduct a study to understand how the demonstration project works across the grantees. As part of this study, we are conducting an evaluability assessment to determine the feasibility of conducting an outcome evaluation of the demonstration project given your current implementation status, plans, and capacity.

During this interview, we want to ask you to elaborate on some of the topics related to conducting an outcome evaluation already asked of you in the questionnaire and learn more about any additional opportunities and barriers that may exist. Thank you for taking the time to complete our Evaluability Assessment Questionnaire. During this interview, we will refer to your responses to learn more about your perceptions of your site's readiness to support an outcome evaluation. This interview will take approximately 45-60 minutes.

Before we begin, I wanted to let you know that participation in this interview is completely voluntary; you may choose not to answer any question, or stop participating at any time without penalty. The information you give us will be treated confidentially. This means that we will not report your name in any of our reports or report the information you share in a manner that could identify you. However, it is possible that someone could identify you due to the small number of demonstration sites. In the event that we believe a finding or quote might identify you, we will seek your permission before sharing it.

We do not anticipate any risks or harms for your participation in the study. There may or may not be a direct benefit to you for your participation. However, we hope the information gathered will be beneficial to your site, OVC, and NIJ in making programmatic decisions that will ultimately support the eventual development of an outcome evaluation.

Do you have any questions about anything that I just shared?

If you have any questions about this study or this interview process, you can contact us or the Project Manager, [Name] at [Email Address] or [Phone Number]. If you have any additional questions about this interview or how the data will be stored or used, which you may want to ask later, please feel free to contact IRB@icf.com.

Would it be okay for us to record the interview so that we can go back to it to ensure the accuracy of our analyses? Only the evaluation team will have access to this audio recording. [*Begin recording with participant's consent.]*

LSC Evaluability Assessment Interview Protocol

[Ask questions as needed to qualify questionnaire responses and solicit additional details.]

I'd like to start by talking about some of the resources, capabilities, and barriers that might exist in your site.

1. What resources (e.g., financial or non-financial) might be available to support evaluation activities?
2. What experience do project team members or stakeholders have conducting evaluations?
3. What potential gaps exist with respect to resources or evaluation capabilities?
4. What barriers exist to obtaining support from site-level project leadership regarding evaluation activities?
5. What barriers exist to obtaining support from project staff and stakeholders regarding evaluation activities?
6. How has the project used data to inform decision making? Please describe specifically what data was used to inform what decision making.

Now, I would like to talk about the types of information that you might like to learn about the project and how we might collect or access different types of data.

7. What information about the project may be of interest to project staff and stakeholders?
8. Are there specific outcomes the project intends to achieve? If so, what are they?
    a. How are these outcomes connected to the project activities?
    b. What would be an appropriate way to measure or quantify the outcomes?
    c. What are potential barriers to measuring these outcomes?
9. What performance measures are you planning to collect?
10. What, if any, internal data collection or recordkeeping processes are currently in place?
    a. What types of data are being collected? From whom? What is the quality of the data?
    b. What are the procedures for exporting or reporting the data?
    c. What are some barriers associated with internal data collection?
11. What external data collection processes might be necessary to assess outcomes?
    a. What types of data are being collected? From whom? What is the quality of the data?
    b. What external administrative data systems are be accessible?
    c. What are some barriers associated with external data collection?
12. What data sharing agreements may be necessary to facilitate external data collection?
    a. What, if any, data sharing agreements are currently in place?
    b. What are some barriers to obtaining necessary agreements?

Finally, I'd like to wrap up by discussing some considerations for developing an evaluation design.

13. How are you planning to implement the project activities?
    a. How many individuals or sites will be participating in the project activities?
    b. What is the demographic makeup of the individuals or sites? Would it be possible to identify comparison individuals or sites?
    c. What is the timeframe for implementation of the project activities? Will there be clear baseline and follow up time periods?
14. What considerations are important for human subjects protection?
    d. What procedures for obtaining consent are feasible?
    e. What are potential barriers associated with human subject protection?

Introduction:
On behalf of the National Institute of Justice (NIJ), an organization called ICF is conducting a study of the Office for Victims of Crime (OVC) Vision 21: Linking Systems of Care (LSC) for Children and Youth State Demonstration Project. The purpose of the study is to document the implementation of systems of care networks and assess the outcomes of the initiative. Understanding the successes, challenges, and lessons learned from demonstration projects, such as this, is critical to helping guide future replication of these groundbreaking projects. ICF is conducting this survey to assess the level and types of activities and interactions between project partners participating in the demonstration project being led by the [Grantee Organization].

Participation in this survey is voluntary; you may choose not to answer any questions, or stop participating at any time. The information you give us is confidential. Responses to survey questions will not identify you as a respondent and will be aggregated either across all project partners or by partner pairs. De-identified data may be included in a research database made available to other researchers; all names and organization names will be excluded before being submitted to the database. You may be asked to complete a similar survey again in the future in order to track changes over time.

The results of this survey will help the research team to measure the dynamics of partnerships across the life of the demonstration project and to determine how partner interactions affect program outcomes. Aggregated project data will be shared back with sites to help guide their implementation.

If you have any questions about the survey or this process, please feel free to email [Email Address].

☐ I understand the above statements and agree to continue.
☐ I do not wish to continue.

Name:
Position/Title:
Organization:
State:

To complete the survey, please refer to the following definitions of key terms related to the OVC Vision 21: Linking Systems of Care for Children and Youth State (LSC) Demonstration Project.

Key Terms

- ***Project:*** An umbrella term for the overall LSC demonstration project within your state.
- ***Partners:*** An umbrella term for the organizations and individuals participating in the project. This includes those individuals who participate in the [Stakeholder Group], the organizations (and their representatives) participating in the system of care service delivery network, and those organizations and individuals who participate in both the [Stakeholder Group] and the system of care service delivery network.

I. Partnership Structure & Activities

The following section asks you about your experience participating in the LSC Demonstration.

	No Involvement	A little Involvement	Moderate Involvement	Significant Involvement	Extensive Involvement
1. Please indicate your organization's current level of involvement in the Demonstration Project.	❍	❍	❍	❍	❍

Please indicate if the project:	Yes	No	Don't Know
2. Has workgroups or subcommittees.	❍	❍	❍
3. Has formalized rules and procedures.	❍	❍	❍
4. Has bylaws.	❍	❍	❍
5. Has a vision/mission statement.	❍	❍	❍
6. Has a written strategic plan.	❍	❍	❍
7. Tracks progress on a strategic plan (goals, objectives).	❍	❍	❍
8. Has regularly scheduled meetings.	❍	❍	❍
9. Has a formal process for decision making.	❍	❍	❍
10. Has a designated leader(s).	❍	❍	❍

For the following questions, please rate the extent to which you agree or disagree with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. Project partners are committed to working together to enhance support for child victims.	❍	❍	❍	❍	❍
12. Project partners are committed to working together to implement services that are consistent with a system of care approach.	❍	❍	❍	❍	❍
13. Project partners have adequate time to commit to the project.	❍	❍	❍	❍	❍
14. Overall, I feel that the benefits of participating in the project outweigh the drawbacks.	❍	❍	❍	❍	❍
15. Leaders of participating partner organizations are willing to commit resources, such as financial resources and staff time, for the project.	❍	❍	❍	❍	❍
16. State policies are conducive to developing collaborative relationships with other organizations.	❍	❍	❍	❍	❍
17. Existing programs or initiatives within the state are conducive to developing collaborative relationships with other organizations.	❍	❍	❍	❍	❍
18. The state's political and social climate is conducive to developing collaborative relationships with other organizations.	❍	❍	❍	❍	❍
19. My organization rewards staff who collaborate with other relevant child-serving organizations.	❍	❍	❍	❍	❍
20. The project has sufficient staff to carry out its activities.	❍	❍	❍	❍	❍
21. The project has sufficient OVC support to carry out its activities.	❍	❍	❍	❍	❍
22. The project has sufficient financial resources to carry out its activities.	❍	❍	❍	❍	❍
23. My *organization* has sufficient financial resources to carry out its activities for the project.	❍	❍	❍	❍	❍
24. The project has sufficient knowledge resources (e.g., in-house expertise, available training resources) to carry out its activities.	❍	❍	❍	❍	❍
25. The number of partners involved in the project is appropriate.	❍	❍	❍	❍	❍
26. The project has the right composition of partners from different key stakeholder groups.	❍	❍	❍	❍	❍

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
27. The project's composition of partners promotes diverse viewpoints.	❍	❍	❍	❍	❍
28. The project's partners have a history of working together on ***other*** collaborations or committees (does not have to be related to child victim needs).	❍	❍	❍	❍	❍
29. Child victims or child victims' caregivers are active participants in the project's efforts.	❍	❍	❍	❍	❍
30. Roles and responsibilities of project partners are clear.	❍	❍	❍	❍	❍
31. Project partners can be counted on to meet their obligations to the project.	❍	❍	❍	❍	❍
32. The project has a feeling of cohesiveness and team spirit.	❍	❍	❍	❍	❍
33. Project partners are valued.	❍	❍	❍	❍	❍
34. There is a shared vision of what the project should accomplish.	❍	❍	❍	❍	❍
35. Conflicts rarely arise among project partners.	❍	❍	❍	❍	❍
36. Differences among project partners are recognized and worked through.	❍	❍	❍	❍	❍
37. Project partners communicate effectively with each other.	❍	❍	❍	❍	❍
38. Project leaders communicate effectively with participating partners.	❍	❍	❍	❍	❍
39. The project holds sufficient meetings/conference calls to exchange information among partners.	❍	❍	❍	❍	❍
40. Critical decisions of the project are made after discussion and input from all partners.	❍	❍	❍	❍	❍
41. Project leaders seriously consider partners' recommendations when making decisions.	❍	❍	❍	❍	❍
42. Project leaders are integral to achieving project goals.	❍	❍	❍	❍	❍
43. Project leaders are responsive to partners' concerns.	❍	❍	❍	❍	❍
44. Project leaders provide direction and vision for the project.	❍	❍	❍	❍	❍
45. Meetings accomplish what is necessary for the project to function well.	❍	❍	❍	❍	❍
46. The project operates efficiently.	❍	❍	❍	❍	❍
47. The skills and expertise of project partners are utilized effectively.	❍	❍	❍	❍	❍

II. Services Coordination Activities

For the following questions, please rate the extent of coordination between your organization (and any affiliated local-level offices/institutions) and ***each of the following project partners (and their affiliated local-level offices/institutions)*** *on a scale from "Not at all" to "Very Much." For this section, please report activities related to* ***both the LSC Demonstration project AND/OR any partnership activities occurring outside*** *of the Demonstration project.* ***Skip the column with your own organization's name in the heading. If the activity listed in any of the questions below does not apply to your organization, PLEASE SELECT "Not at all/Not applicable".***

1 Not at all/ Not applicable	**2** A Little	**3** Somewhat	**4** Considerable	**5** Very Much

Please rate the extent to which your organization (and any affiliated local level offices/institutions) CURRENTLY DOES the following with each project partner (and any local level offices/institutions):	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**
48. Have formal written agreements, contracts, or MOUs													
49. Exchange funding (i.e., provide/receive), share funding, or make joint purchases													
50. Share facility space (e.g., located in same building, co-locate services, offer space to another organization for specific activities like a weekly legal clinic)													
51. Share materials, tools, or other resources (e.g., pamphlets, procedure manuals, centralized databases)													
52. Share staff (e.g., an employee shared by two or more agencies)													
53. Provide and/or receive training with this organization													
54. Provide and/or receive referrals with this organization													
55. Use common intake forms or screening tools													
56. Share client information as appropriate ("client information" refers to any individual-level data about a child victim, including student/patient data, etc.)													
57. Share record keeping and data systems													
58. Develop client service plans together													
59. Participate in joint case conferences or case reviews													
60. Jointly provide programs or services (i.e., jointly sponsoring, planning, and providing services through a co-run program)													

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Please list up to 5 additional organizations, other than those mentioned previously, that your organization works with most frequently in relation to child victimization. If there are no other organizations you work with related to child victimization, write "None." Please spell out the full name of the organization instead of using abbreviations.

Name of the Company or Organization
1.
2.
3.
4.
5.

*For the following questions, please rate the extent of coordination between your organization (and any affiliated local-level offices/institutions) and **each additional organization that you listed above** on a scale from 'Not at all' to 'Very Much.' Skip questions where no organization is listed. For this section, please report activities related to **both the LSC Demonstration project AND/OR any partnership activities occurring outside** of the Demonstration project. **If the activity listed in any of the questions below does not apply to your organization, PLEASE SELECT 'Not at all/Not applicable.'***

1 Not at all/ Not applicable	**2** A Little	**3** Somewhat	**4** Considerable	**5** Very Much

Please rate the extent to which your organization (and any affiliated local level offices/ institutions) CURRENTLY DOES the following with each project partner (and any local level offices/institutions):	**Organization 1 Listed Above**	**Organization 2 Listed Above**	**Organization 3 Listed Above**	**Organization 4 Listed Above**	**Organization 5 Listed Above**
61. Have formal written agreements, contracts, or MOUs					
62. Exchange funding (i.e., provide/receive), share funding, or make joint purchases					
63. Share facility space (e.g., located in same building, co-locate services, offer space to another organization for specific activities like a weekly legal clinic)					
64. Share materials, tools, or other resources (e.g., pamphlets, procedure manuals, centralized databases)					
65. Share staff (e.g., an employee shared by two or more agencies)					
66. Provide and/or receive training with this organization					
67. Provide and/or receive referrals with this organization					

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Please rate the extent to which your organization (and any affiliated local level offices/ institutions) CURRENTLY DOES the following with each project partner (and any local level offices/institutions):	**Organization 1 Listed Above**	**Organization 2 Listed Above**	**Organization 3 Listed Above**	**Organization 4 Listed Above**	**Organization 5 Listed Above**
68. Use common intake forms or screening tools					
69. Share client information as appropriate ("client information" refers to any individual-level data about a child victim, including student/patient data, etc.)					
70. Share record keeping and data systems					
71. Develop client service plans together					
72. Participate in joint case conferences or case reviews					
73. Jointly provide programs or services (i.e., jointly sponsoring, planning, and providing services through a co-run program)					

74. Do you have any additional comments regarding the Vision 21: Linking Systems of Care partnerships or this survey?

_____

_____

_____

_____

_____

_____

Introduction:
On behalf of the National Institute of Justice (NIJ), an organization called ICF is conducting a study of the Office for Victims of Crime (OVC) Vision 21: Linking Systems of Care (LSC) for Children and Youth State Demonstration Project. The purpose of the study is to document the implementation of systems of care networks and assess the outcomes of the initiative. Understanding the successes, challenges, and lessons learned from demonstration projects, such as this, is critical to helping guide future replication of these groundbreaking projects. ICF is conducting this survey to assess the level and types of activities and interactions between project partners participating in the demonstration project being led by the [Grantee Organization].

Participation in this survey is voluntary; you may choose not to answer any questions, or stop participating at any time. The information you give us is confidential. Responses to survey questions will not identify you as a respondent and will be aggregated either across all project partners or by partner pairs. De-identified data may be included in a research database made available to other researchers; all names and organization names will be excluded before being submitted to the database. You may be asked to complete a similar survey again in the future in order to track changes over time.

The results of this survey will help the research team to measure the dynamics of partnerships across the life of the demonstration project and to determine how partner interactions affect program outcomes. Aggregated project data will be shared back with sites to help guide their implementation.

If you have any questions about the survey or this process, please feel free to email [Email Address].

☐ I understand the above statements and agree to continue.
☐ I do not wish to continue.

Name:
Position/Title:
Organization:
State:

To complete the survey, please refer to the following definitions of key terms related to the OVC Vision 21: Linking Systems of Care for Children and Youth State (LSC) Demonstration Project.

Key Terms

- ***Project:*** An umbrella term for the overall LSC demonstration project within your state.
- ***Partners:*** An umbrella term for the organizations and individuals participating in the project. This includes those individuals who participate in the [Stakeholder Group], the organizations (and their representatives) participating in the system of care service delivery network, and those organizations and individuals who participate in both the [Stakeholder Group] and the system of care service delivery network.

I. Partnership Structure & Activities

The following section asks you about your experience participating in the LSC Demonstration.

	No Involvement	A little Involvement	Moderate Involvement	Significant Involvement	Extensive Involvement
1. Please indicate your organization's current level of involvement in the Demonstration Project.	❍	❍	❍	❍	❍

Please indicate if the project:	Yes	No	Don't Know
2. Has a written strategic plan.	❍	❍	❍
3. Tracks progress on a strategic plan (goals, objectives).	❍	❍	❍
4. Has regularly scheduled meetings.	❍	❍	❍
5. Has a formal process for decision making.	❍	❍	❍

For the following questions, please rate the extent to which you agree or disagree with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. Project partners are committed to working together to enhance support for child victims.	❍	❍	❍	❍	❍
7. Project partners are committed to working together to implement services that are consistent with a system of care approach.	❍	❍	❍	❍	❍
8. Project partners have adequate time to commit to the project.	❍	❍	❍	❍	❍
9. Overall, I feel that the benefits of participating in the project outweigh the drawbacks.	❍	❍	❍	❍	❍
10. Leaders of participating partner organizations are willing to commit resources, such as financial resources and staff time, for the project.	❍	❍	❍	❍	❍
11. State policies are conducive to developing collaborative relationships with other organizations.	❍	❍	❍	❍	❍
12. Existing programs or initiatives within the state are conducive to developing collaborative relationships with other organizations.	❍	❍	❍	❍	❍
13. The state's political and social climate is conducive to developing collaborative relationships with other organizations.	❍	❍	❍	❍	❍
14. The project has sufficient knowledge resources (e.g., in-house expertise, available training resources) to carry out its activities.	❍	❍	❍	❍	❍
15. The number of partners involved in the project is appropriate.	❍	❍	❍	❍	❍
16. The project has the right composition of partners from different key stakeholder groups.	❍	❍	❍	❍	❍
17. The project's composition of partners promotes diverse viewpoints.	❍	❍	❍	❍	❍
18. The project's partners have a history of working together on ***other*** collaborations or committees (does not have to be related to child victim needs).	❍	❍	❍	❍	❍
19. Child victims or child victims' caregivers are active participants in the project's efforts.	❍	❍	❍	❍	❍
20. Roles and responsibilities of project partners are clear.	❍	❍	❍	❍	❍
21. Project partners can be counted on to meet their obligations to the project.	❍	❍	❍	❍	❍

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22. The project has a feeling of cohesiveness and team spirit.	❍	❍	❍	❍	❍
23. Project partners are valued.	❍	❍	❍	❍	❍
24. There is a shared vision of what the project should accomplish.	❍	❍	❍	❍	❍
25. Conflicts rarely arise among project partners.	❍	❍	❍	❍	❍
26. Differences among project partners are recognized and worked through.	❍	❍	❍	❍	❍
27. Project partners communicate effectively with each other.	❍	❍	❍	❍	❍
28. Project leaders communicate effectively with participating partners.	❍	❍	❍	❍	❍
29. The project holds sufficient meetings/conference calls to exchange information among partners.	❍	❍	❍	❍	❍
30. Critical decisions of the project are made after discussion and input from all partners.	❍	❍	❍	❍	❍
31. Project leaders seriously consider partners' recommendations when making decisions.	❍	❍	❍	❍	❍
32. Project leaders are integral to achieving project goals.	❍	❍	❍	❍	❍
33. Project leaders are responsive to partners' concerns.	❍	❍	❍	❍	❍
34. Project leaders provide direction and vision for the project.	❍	❍	❍	❍	❍
35. Meetings accomplish what is necessary for the project to function well.	❍	❍	❍	❍	❍
36. The project operates efficiently.	❍	❍	❍	❍	❍
37. The skills and expertise of project partners are utilized effectively.	❍	❍	❍	❍	❍

II. Services Coordination Activities

For the following questions, please rate the extent to which your organization (including affiliated local offices) engages in the stated activities with each of the listed project partners (including their affiliated local offices).

- *The scale ranges from "Not at all" to "Very Much." "Not Applicable" is also a response choice.*
- *Activities do **not** need to be related to only the V21-LSC Demonstration project, but can also include activities occurring outside of the project.*
- *If an item is not relevant to your relationship with a particular project partner, please select "Not Applicable" for that instance. **For your own organization**, please select "Not Applicable."*

1 Not at all	**2** A Little	**3** Somewhat	**4** Considerable	**5** Very Much	**9** Not Applicable

Please rate the extent to which your organization (including affiliated local offices) CURRENTLY DOES the following with each project partner (including their affiliated local offices):	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**	**[Organization Name]**
38. Have formal written agreements, contracts, or MOUs										
39. Share materials, tools, or other resources (e.g., pamphlets, procedure manuals, centralized databases)										
40. Provide and/or receive training with this organization										
41. Provide and/or receive referrals with this organization										
42. Share client information as appropriate ("client information" refers to any individual-level data about a child victim, including student/patient data, etc.)										
43. Jointly provide programs or services (i.e., jointly sponsoring, planning, and providing services through a co-run program)										

44. Do you have any additional comments regarding the Vision 21: Linking Systems of Care partnerships or this survey?

_____

_____

_____

_____

_____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ICF, on behalf of the National Institute of Justice (NIJ), is conducting a study of the OVC Vision 21: Linking Systems of Care Demonstration. In order to better understand how training and technical assistance is supporting the efforts of the Demonstration, we are reaching out to you and other participants to obtain your feedback. Participation in this survey is voluntary; you may choose not to answer any questions, or stop participating at any time. The information you give us is confidential. Responses to survey questions will not identify you as a respondent and will be aggregated across all participants. De-identified data may be included in a research database made available to other researchers; all names and organization names will be excluded before being submitted to the database. If you have any questions about this survey or the evaluation, please contact the TTA Evaluation Survey Manager, [Name], at [Email Address] or by telephone at [Phone Number].

Please answer the following questions thinking about all training and technical assistance (TTA) provided by the TTA Provider(s) (either the National Council of Juvenile and Family Court Judges or their affiliated TTA partners) between [XX month] and [XX month].

1. Between [XX month] and [XX month], how many times have you received TTA?
   _____

2. What type(s) of TTA did you receive? (**Mark all that apply.**)

   - □ Formal Training (can be in-person or virtual)
   - □ Formal Presentation (can be in-person or virtual)
   - □ Informal TTA via phone/email
   - □ Other(s): _____

3. Who provided the TTA? (**Mark all that apply.**)

   - □ NCJFCJ
   - □ Member of NCJFCJ's steering committee
   - □ Other organization referred by NCJFCJ
   - □ Other(s): _____

4. Please list the topics below for which you received TTA:
   _____
   _____
   _____

Please indicate the extent to which you agree or disagree with the following statements.

TTA Provider(s)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The TTA Provider(s) demonstrated comprehensive expertise and knowledge of the relevant subject(s).	1	2	3	4	5	6
6. The TTA Provider(s) presented the information clearly and logically.	1	2	3	4	5	6
7. The TTA Provider(s) effectively responded to questions and comments.	1	2	3	4	5	6
8. The TTA Provider(s) were respectful in our working relationship.	1	2	3	4	5	6
9. The TTA addressed the critical issues related to the topic(s).	1	2	3	4	5	6
10. The material/assistance was appropriate for my level of experience and knowledge.	1	2	3	4	5	6
11. Resource materials (e.g., handouts, audiovisuals, manual) provided by the TTA Provider(s) helped support the project.	1	2	3	4	5	6
12. The TTA provided increased my knowledge.	1	2	3	4	5	6
13. The TTA provided increased my practical skills.	1	2	3	4	5	6
14. I will be able to apply what I have learned to this project.	1	2	3	4	5	6
15. The technology and/or webinar platform was easy to use. (Mark 'NA' if no technology or webinar platform was used during this time period.)	1	2	3	4	5	6
16. The TTA provided met my goals.	1	2	3	4	5	6
17. The turnaround time between the TTA request and delivery was adequate.	1	2	3	4	5	6
18. I am satisfied with the overall quality of the TTA provided by NCJFCJ	1	2	3	4	5	6

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Please indicate the extent to which you agree or disagree with the following statements.

The provided TTA will improve my ability to…	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**	**Not Applicable**
19. Identify child and youth victims.	1	2	3	4	5	6
20. Serve child and youth victims.	1	2	3	4	5	6
21. Reach underserved child and youth victims.	1	2	3	4	5	6
22. Improve family and youth engagement.	1	2	3	4	5	6
23. Collaborate with other organizations.	1	2	3	4	5	6
24. Strengthen cultural and linguistic competence.	1	2	3	4	5	6
25. Improve or develop community-based services.	1	2	3	4	5	6
26. Incorporate individualized strengths-based care.	1	2	3	4	5	6
27. Continually assess practice and organizational outcomes.	1	2	3	4	5	6
28. Implement effective systems of care.	1	2	3	4	5	6

29. Have you or your agency done any of the following in the past 3 months as a result of receiving support from the TTA Provider(s)? (**Mark all that apply.**)

- □ Shared materials with colleagues
- □ Referred colleagues to other events/resources
- □ Trained colleagues in content/skills learned
- □ Enacted policy changes at my organization
- □ Began a new project or initiative
- □ Expanded services to *new child/youth victim populations*
- □ Expanded types of services offered to child/youth victims
- □ Expanded *capacity/frequency* of services to child/youth victims
- □ Strengthened interagency collaboration
- □ Restructured services
- □ Identified/pursued new funding resources
- □ Conducted new outreach activities
- □ Changed/improved data or reporting practices
- □ Other(s): _____

Please describe in detail the activities marked above:

_____

_____

30. What aspects of the TTA provided have been most helpful and why?

_____

_____

31. What could have been done differently to improve the TTA provided?

    _____

    _____

32. Do you have any other comments or suggestions?

    _____

    _____

33. Please list the name of the organization in which you work:

    _____

Thank you for taking the time to complete this survey to help better understand the Demonstration Project's training and technical assistance activities.

Introduction:
ICF International (ICF), supported by the National Institute of Justice (NIJ), is conducting a study of the Office for Victims of Crime (OVC) Linking Systems of Care for Children and Youth State Demonstration Project. As part of this study, ICF is conducting a survey to better understand and measure changes in services for child/youth victims due to this demonstration project in [State]. We are surveying professionals who directly serve children and youth who have been victims of or witnesses to crime, bullying, abuse, neglect, and other forms of violence. This may include professionals whose primary role is broader than serving child/youth victims, but who may have opportunities to identify, screen, or serve this population through the course of their job (e.g., school counselors, juvenile justice practitioners, hospital social workers). The information gathered in this survey will be critical for understanding how [State] can best respond to the needs of this population.

*This survey is **confidential**. Survey responses will only be accessible by the ICF research team, and data will only be reported in aggregate. You will **never** be identified as an individual respondent. De-identified data may be included in a research database made available to other researchers; organization names or any other identifying information will be excluded before being submitted to the database. Participation in this survey is voluntary; you may choose not to answer any question, or stop participating at any time.*

*The survey will take approximately 10-15 minutes to complete and should be completed in one sitting, as you will **not** be able to return to your survey if you exit. If you have any questions about the survey or this process, please feel free to contact the Survey Manager at [Phone Number] (toll-free) or at [Email Address]. You may be asked to complete a similar survey again in the future in order to measure changes in services over time.*

□ I understand the above statements and agree to continue.
□ I do not wish to continue.

For the purposes of this survey, please keep in mind the following definitions:

Victimization: Experiencing a crime, abuse or neglect, or other forms of violence such as bullying or dating violence.

Exposure to Violence: Children or youth who are exposed to violence may be directly victimized *or* may witness violence in their home, school, or community.

Child/Youth Victim: The survey uses the term "child/youth victim" to include all [children and youth/children, youth, and young adults] ages [age range] (which is the age of interest for this particular demonstration project) who experience exposure to violence, including either direct victimization ***or*** witnessing of violence, as described above.

When completing the survey, please note the definitions for child/youth victim, victimization, and exposure to violence as outlined on the bottom of each page [for online version].

I. About Your Organization

1. What is the name of the organization where you work? _____

   If applicable, what is the name of the division where you work within the organization? _____

2. Which of the following **best** describes the type of organization in which you work? (*Select one*)
   - O Behavioral/mental health (includes substance use)
   - O Child welfare
   - O Civil legal assistance/aid
   - O Corrections (community or institutional)
   - O Courts
   - O Education/schools
   - O Faith-based/religious institution
   - O Housing
   - O Medical/physical health
   - O Police/law enforcement
   - O Prosecution/District Attorney's Office
   - O Victim services- community-based (for example, domestic violence shelter)
   - O Victim services- criminal justice system-based (for example, victim advocate based in District Attorney's Office)
   - O Other social/human services and non-profits
   - O Other (*please specify*): _____

3. Approximately how many employees (full- and part-time) are in the entire organization?
   - O 1-5
   - O 6-10
   - O 11-20
   - O 21-50
   - O 51-100
   - O More than 100

4. How many times in the past 3 years have you received training related to child/youth victims? (This can include training from outside your current organization.) _____

5. How many times in the past year have you received training related to child/youth victims? (This can include training from outside your current organization.) _____

6. In what zip code is your office located? (If the organization has multiple offices, put the zip code(s) where you specifically work) _____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

7. Which of the following options describe the geographic area the organization serves? *(Check all that apply)*

☐ All (statewide)	☐ [County]	☐ [County]	☐ Tribal (*please specify*): _____
☐ [County]	☐ [County]	☐ [County]	☐ Other (*please specify*): _____
☐ [County]	☐ [County]	☐ [County]	
☐ [County]	☐ [County]	☐ [County]	
☐ [County]	☐ [County]	☐ [County]	

8. What types of services does the organization provide that child/youth victims may use (services do not have to be designated for child/youth victims only)? *(Check all that apply)*

- ☐ Our organization does not provide any direct services
- ☐ 24-hour hotline
- ☐ Assessment/screening
- ☐ Civil legal assistance
- ☐ Compensation/restitution assistance
- ☐ Crime victim rights enforcement
- ☐ Criminal defense services
- ☐ Criminal justice system victim advocacy/assistance
- ☐ Crisis intervention and/or safety planning
- ☐ Education and/or employment assistance
- ☐ Family placement/foster care
- ☐ First response (e.g., accompany police on a response call)
- ☐ Food, clothing, child care, and/or transportation
- ☐ Housing/shelter
- ☐ Information/referrals
- ☐ Medical care
- ☐ Mental health services and/or counseling
- ☐ Mentoring
- ☐ Parent training and/or other family support/treatment services
- ☐ Prosecuting crimes
- ☐ Victim accompaniment (e.g., court, hospital education)
- ☐ Other (*please specify*): _____

[If respondent selects "Our organization does not provide any direct services," skip to #34]

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

9. What process does the organization currently use to screen for child/youth victimization or exposure to violence? *(Select one)*
   - O The organization *does not* actively screen children/youth for victimization or violence exposure.
   - O The organization *sometimes* screens children/youth for victimization or violence exposure when someone is viewed as high risk or is exhibiting problematic behaviors.
   - O The organization *routinely* screens children/youth for victimization or violence exposure when someone is viewed as high risk and/or is exhibiting problematic behaviors.
   - O The organization uses universal screening to *routinely* screen *all* children/youth for victimization or violence exposure.

10. If the organization does screen, what tools or assessments does the organization use to screen for child/youth victimization and/or needs related to victimization?_____

11. On average, approximately how many children/youth does ***the organization*** work with during one month?
    - O 0
    - O 1-25
    - O 26-75
    - O 76-150
    - O 151-250
    - O 251-400
    - O 401-800
    - O More than 800

II. Serving Child/Youth Victims and Their Families

Please rate the extent to which your organization currently collaborates/coordinates with the following types of child-serving systems when serving child/youth victims and their families:

12. Behavioral/mental health (including substance use)	Not at all	A little	Somewhat	Considerable amount	Very much
13. Child welfare (e.g., child protective services, adoption/ foster care)	Not at all	A little	Somewhat	Considerable amount	Very much
14. Civil legal assistance/aid	Not at all	A little	Somewhat	Considerable amount	Very much
15. Education/schools	Not at all	A little	Somewhat	Considerable amount	Very much
16. Housing	Not at all	A little	Somewhat	Considerable amount	Very much
17. Juvenile/criminal justice (e.g., police, courts, probation, & juvenile detention/incarceration)	Not at all	A little	Somewhat	Considerable amount	Very much
18. Medical/physical health	Not at all	A little	Somewhat	Considerable amount	Very much
19. Victim services (e.g., victim/ witness assistance, domestic violence programs, children's advocacy centers)	Not at all	A little	Somewhat	Considerable amount	Very much
20. Faith-based/religious, cultural, or other community (e.g., athletic, mentoring, after school programs) resources	Not at all	A little	Somewhat	Considerable amount	Very much
21. Other social services and non-profits (e.g., welfare/food assistance, Head Start, child support)	Not at all	A little	Somewhat	Considerable amount	Very much

Please rate the extent to which your organization currently does the following things with professionals from child-serving systems ***other than your own system*** in order to serve child/youth victims and their families (e.g., if you are an educator, do you do any of these things with other types of non-education systems):

22. Have formal written agreements, contracts, or MOUs to facilitate coordination.	Not at all	A little	Somewhat	Considerable amount	Very much
23. Share materials, tools, and/or resources.	Not at all	A little	Somewhat	Considerable amount	Very much
24. Provide and/or receive training.	Not at all	A little	Somewhat	Considerable amount	Very much
25. Provide and/or receive referrals.	Not at all	A little	Somewhat	Considerable amount	Very much
26. Provide and/or receive *"warm"* referrals (when a provider directly contacts another organization on behalf of a client to discuss the referral)	Not at all	A little	Somewhat	Considerable amount	Very much
27. Use common intake forms or screening tools.	Not at all	A little	Somewhat	Considerable amount	Very much
28. Share client information, as appropriate and as allowable ("client information" refers to any individual-level data about a child/youth victim, including, for example, student or patient data).	Not at all	A little	Somewhat	Considerable amount	Very much
29. Share record keeping or data systems.	Not at all	A little	Somewhat	Considerable amount	Very much
30. Jointly develop client service plans together.	Not at all	A little	Somewhat	Considerable amount	Very much
31. Work with a single service coordinator to coordinate services across multiple systems (e.g., a "navigator" or caseworker who helps to coordinate systems in assigned cases).	Not at all	A little	Somewhat	Considerable amount	Very much
32. Participate in joint case conferences or case reviews.	Not at all	A little	Somewhat	Considerable amount	Very much
33. Jointly provide programs or services (i.e., jointly sponsoring, planning, and providing services through a co-run program).	Not at all	A little	Somewhat	Considerable amount	Very much

Please rate the extent to which you agree or disagree with the following statements about services for child/youth victims and their families across systems in your community.

34. Service providers in our community do a good job of *identifying* child/youth victims in need of help.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
35. Service providers in our community do a good job of *providing comprehensive services* for child/youth victims and their families to meet all of their needs.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
36. Child-serving systems in our community regularly screen for victimization.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
37. Child-serving systems in our community collaborate/coordinate well with other child-serving systems to serve child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
38. Service providers in our community effectively refer child/youth victims and their families in order to meet their needs.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
39. Service providers in our community receive adequate training/technical assistance to respond to child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
40. Our community has effective tools and resources to help serve child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
41. Service providers in our community provide services specifically designed to address children's/youths' exposure and reactions to trauma.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Please rate the extent to which you agree or disagree with the following statements about services for child/youth victims and their families across systems in your community.

42. Service providers in our community provide individualized, strengths-based services for child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
43. Service providers in our community provide services that are gender- and culturally-responsive for child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
44. Service providers in our community provide services that meaningfully engage child/youth victims and their families in decision-making and treatment.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
45. Service providers in our community are committed to continuously improving the quality of services for child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
46. Service providers in our state experience challenges responding to child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
47. Child/youth victims and their families encounter barriers to accessing services.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
48. Our community members are aware of existing services to help child/youth victims and their families.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

49. Have you heard of the Office for Victims of Crime Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project?

O Yes O No

III. Suggested Improvements

50. What suggestions do you have for improving the *collaboration or coordination* of services to enhance assistance to child/youth victims and their families in your state?

51. What are the primary barriers that hinder service providers' ability to collaborate or coordinate services with other child-serving systems?

52. Do you have any additional comments/suggestions?

Thank you for taking the time to participate in this survey. Your feedback will be critical for understanding how child/youth victims' needs are supported in your state and will help community stakeholders understand how to better assist child/youth victims.

By completing this survey, you have also helped your organization to earn a donation of $50.

As a reminder, if you have questions or feedback regarding the survey or the content, please contact the Survey Manager at [Phone Number] (toll-free) or at [Email Address], and thank you again for your time.

Here is some information about this survey to help you think about if you want to take it. A company called ICF is doing a study for the Office for Victims of Crime Linking Systems of Care Project. This survey will help make services better for young people in your community, and you can get a $25 Visa gift card for filling it out. Thank you for your time and help with this survey!

*For this survey, **"child/youth victims"** means young people aged [age range] who have been victims of crime or experienced violence. This includes children and youth that have witnessed or been victims of crime, physical and sexual abuse, neglect, domestic violence, dating violence, human trafficking, bullying, community violence, or other forms of violence. This does not include children and youth who have **only** experienced trauma unrelated to a crime or violence (for example, from a disaster or the death of a loved one from natural causes).*

Victims who are 15 years and older can take the survey on their own. Caregivers (including parents, foster parents, or other legal guardians) should fill out the survey on behalf of a child/youth victim who is younger than 15. The survey takes about 10-15 minutes to complete. It does not ask for the specific details about any of the crimes that have been witnessed or experienced.

*If you decide to take the survey, you will get **a $25 Visa gift card** as a thank-you for your time. It is up to you if you want to fill out the survey. Your decision to fill or not to fill out the survey will not change the services you receive or affect your court case, and you can stop filling out the survey at any time.*

*Your answers on the survey will stay private. The survey does not ask for your name, and only the ICF staff will see your completed survey (the staff at the office where you are getting help will **NOT** see your answers). Information from the survey may be added to a research database for other researchers, but **all** identifying information will be removed first.*

***When you are done with the survey, please put it in the envelope, seal the envelope, and then bring it to the front desk to get your gift card**. If you have any questions about the survey, please call the Survey Manager at [Phone Number] (toll-free) or send an email to [Email Address].*

If you want to take the survey, please check the first box. If you do not want to take this survey, please check the box that says, "I do not want to take the survey" and give the survey to the front desk.

☐ I understand what is written above and want to continue.

☐ I do not want to take the survey.

For the purposes of this survey, please keep in mind the following definitions:

Victimization: Experiencing a crime, abuse or neglect, or other forms of violence such as bullying or dating violence.

Child/Youth Victim: The survey uses the term "child/youth victim" to include all [children, youth, and young adults] ages [age range] who have *either* witnessed or directly experienced victimization.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

1. What is today's date: ___ ___ / ___ ___ / ___ ___ ___ ___
   (month) (day) (year)

2. Which one of these choices best describes you? (*Pick one*)

   O **A child/youth** who has been a victim or witness to a crime, child abuse/neglect, bullying, or other violence

   O **A parent or caregiver** of a child/youth who has been a victim or a witness to a crime, child abuse/neglect, bullying, or other violence

   O **I am not** a child/youth victim/witness or a parent/caregiver of a victim/witness ***(if this is true, please do NOT continue and return the survey to the front desk)***

   O **Other** (please describe)**:** _____

If you are 15 years old or older *and you are doing the survey by yourself, please answer the questions about what happened to you.* ***If you are a parent or caregiver filling this out for a child/youth victim****, please answer all the questions based on your child's experience.*

---

3. Which of the following happened to you [your child]? (*This can include witnessing or having experienced each of these things. Check all that apply.*)

   ☐ **Assault** (Someone physically hurt or attacked me [my child] and caused a serious injury)

   ☐ **Bullying/Peer Harassment** (Someone repeatedly teased or picked on me [my child], tried to beat me [my child] up, or spread rumors about me [my child] either in-person or online)

   ☐ **Child Physical Abuse** (An adult beat or physically hurt me [my child], not including spanking)

   ☐ **Sexual Assault/Abuse** (Someone forced me [my child] to do sexual things with them or touch private parts)

   ☐ **Child Pornography** (Someone took naked or sexual pictures and/or recordings of me [my child])

   ☐ **Dating Violence** (A dating partner- like a boyfriend or girlfriend- physically or emotionally hurt me [my child])

   ☐ **Witness to Family or Domestic Violence** (I [my child] saw one family member beat up, physically hurt, or seriously threaten another family member)

   ☐ **Hate/Bias Crime or Violence** (Someone hurt me [my child] because of race, ethnicity, skin color, gender, religion, a physical problem, or sexual orientation such as being gay)

   ☐ **Homicide/Murder** (Someone killed my [my child's] family member, loved one, or friend)

   ☐ **Human Trafficking** (I [my child] was forced to work for no or little money, or to do sex acts for money or something else of value)

   ☐ **Robbery** (Someone stole something from me [my child] *using force or threats*)

   ☐ **Theft** (Someone stole something from me [my child] *without using force*)

   ☐ **Stalking** (Someone kept watching, following, or harassing me [my child])

   ☐ **Other Crime(s)** (*please describe*): _____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

4. When did this happen? (If it happened more than once *or* if there were different types of victimizations, when was the last time one of these things happened?) ___ ___ / ___ ___ ___ ___
   (month) (year)

5. Which of these are true about what happened? (*Check all that apply*)
   - ☐ I [my child] was *directly* victimized.
   - ☐ I [my child] *witnessed or saw* a crime or violence.
   - ☐ I [my child] have experienced *multiple types* of victimization (for example, bullying *and* dating violence).
   - ☐ I [my child] had the same kind of crime happen *multiple times* (for example, was abused by a family member *many* times).

6. What is your [your child's] age right now? _____

7. What is your [your child's] gender? (*Pick one*)
   - O Male
   - O Female
   - O Transgender
   - O Other (*please describe*): _____

8. Do you [your child] identify as: (*Pick one*)
   - O Lesbian, gay, or homosexual
   - O Straight or heterosexual
   - O Bisexual
   - O Don't know/Prefer not to answer
   - O Other (please describe): _____

9. What is your [your child's] race or ethnicity? (*Check all that apply*)
   - ☐ American Indian/Alaskan Native
   - ☐ Asian
   - ☐ Black/African American
   - ☐ Native Hawaiian/Other Pacific Islander
   - ☐ White/Caucasian
   - ☐ Hispanic/Latino
   - ☐ Other (*please describe*): _____

10. What language(s) do you [your child] speak at home? _____

11. What is your [your child's] current level of schooling? (*Pick one*)
    - O Pre-K or no schooling completed
    - O Not in school because dropped out of school *before* high school
    - O Not in school because dropped out of school *during* high school
    - O Kindergarten
    - O Elementary school (grades 1-5)
    - O Middle school (grades 6-8)
    - O High school (grades 9-12)
    - O High school graduate/GED
    - O Some college or higher

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

12. Has a doctor or mental health professional ever diagnosed you [your child] with any of the following conditions or disabilities? *(Check all that apply*)

- ☐ A long-term physical disability (for example, being blind, deaf, or using a wheelchair)
- ☐ A long-term mental health condition (for example, bipolar disorder, ADHD, PTSD, depression)
- ☐ A long-term developmental disorder or intellectual disability (for example, autism, down syndrome)
- ☐ A long-term learning disability (for example, dyslexia, language processing disorder)

13. Where do you [your child] live right now? (*Pick one*)

- O Lives with biological or adoptive parent(s)
- O Lives with a caregiver who is a family member *other than* a parent
- O Lives with a foster parent or other caregiver who *is not* a family member
- O Lives in a group home
- O Lives in a correctional facility (jail, prison, detention center, boot camp)
- O Lives in a shelter or is homeless
- O Lives independently on own or with friends/ dating partner
- O Other (*please describe*): _____

14. What is the ZIP code where you [your child] live now? ___ ___ ___ ___ ___

Children and youth can have a lot of different needs or problems after being victimized or experiencing violence. Please think about what you [your child] need because of the most recent experience with violence or victimization when answering the next questions.

15. From the list below, please pick the type of help you [your child] need or needed <u>because of the victimization(s) described earlier</u>. See ***some*** examples below for each category. *(Check all that apply*)

- ☐ Counseling/mental health/support group (for example, help with emotional support or guidance)
- ☐ Criminal justice support (for example, help at any stage in the justice process like making a police report or testifying in court)
- ☐ Civil legal help (for example, help with a lawsuit or legal questions not related to the criminal justice case)
- ☐ Family help (for example, help with custody or foster care)
- ☐ Immigration (for example, help getting a visa or to stop deportation)
- ☐ Information and referrals (for example, finding out where to go for help or more assistance)
- ☐ Medical help (for example, medical care for injuries or help with medical costs or insurance)
- ☐ School/education (for example, help changing classes to avoid a bully or abusive partner)
- ☐ Shelter/housing (for example, help getting a temporary or permanent safe home)
- ☐ Transportation (for example, help getting to meetings, court hearings, or treatment sessions)
- ☐ Safety (for example, help getting a protection order or changing your [your child's] identity)
- ☐ Other basic needs (for example, food, clothing)
- ☐ Other needs/problems (*please describe*): _____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

16. Please tell us why you were visiting or speaking with this office today:

    _____

    _____

17. Before this visit, have you [your child] received help from any of the people listed below as a result of the victimization(s) described earlier? *(Check all that apply*)

    ☐ A counselor or mental health worker

    ☐ A child welfare worker, like those from [Child and Family Services/Child Protective Services] who handles child abuse, foster care, adoption, or other similar issues

    ☐ A doctor, nurse, or other medical professional

    ☐ A school, teacher, or school counselor

    ☐ Someone from a church or other faith-based/religious group

    ☐ Someone who helped with finding or keeping a place to live

    ☐ A lawyer who helped with the criminal court case

    ☐ A lawyer who helped with other legal needs

    ☐ A court, judge, or other court staff

    ☐ A juvenile justice worker or probation officer

    ☐ A police officer or other law enforcement officer

    ☐ A prosecutor or district attorney

    ☐ A victim specialist like a victim advocate or victim witness helper

    ☐ Other (please describe): _____

18. Before this visit, how many times (**not including today's visit**) have you [your child] visited *this office* or spoken with this office by phone to get help for the victimization(s) described earlier? (Please guess if you're not sure. Do **NOT** include today's visit.) _____

19. How many *other organizations* (**not including this one**) have you [your child] talked to in order to get help for the victimization(s) described earlier? (Please include organizations you used in the total number even if they were *not* able to help you. Please guess if you're not sure.) _____

_____

STOP!!!

Please do not fill out the rest of the survey until ***the end*** of your current visit.

If you are getting the survey at the end of your visit – please continue!

_____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Thinking about ***all*** the places you [your child] have gone for help related to the victimization(s) described earlier, please circle how much you *disagree* or *agree* with the following statements. (If this is the only place that you have gone, then just think about this place.) You can circle "Does not apply" if the question does not apply to you [your child].

1. It was easy to know where to find the help needed for me [my child].	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
2. The organization(s) asked me [my child] about victimization experiences and what help was needed.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
3. The organization(s) knew how to help me [my child] with my [my child's] needs/problems.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
4. The organization(s) spoke in a way that was easy to understand.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
5. The organization(s) treated me [my child] with respect.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
6. The organization(s) included family members in the process.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
7. The organization(s) helped connect me to other places that could assist me [my child].	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
8. I [my child] had to go to lots of different organizations to get the needed help.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
9. The different organizations I [my child] got help from worked well with each other. *(Circle "Does not apply" if you have only gotten help from one organization.)*	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
10. The process for getting help was too much trouble.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Thinking about ***all*** the places you [your child] have gone for help related to the victimization(s) described earlier, please circle how much you *disagree* or *agree* with the following statements. (If this is the only place that you have gone to, then just think about this place.) You can circle "Does not apply" if the question does not apply to you [your child].

11. The eligibility rules for who can get help (like how much money you make) have made it hard to get help.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
12. The financial costs of services have made it hard to get help.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
13. Transportation issues (for example, finding a way to get to places without a car) have made it hard to get help.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
14. Language barriers have made it hard to get help (for example, not speaking my language).	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
15. The assistance I [my child] received was helpful for my needs/problems.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
16. The assistance I [my child] received helped me [him/her] feel safer.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
17. The assistance I [my child] received helped to improve my [his/her] physical health.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
18. The assistance I [my child] received helped to make me [him/her] feel better emotionally.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
19. The assistance I [my child] received help me [him/her] to do better in school or at work.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
20. Overall, I [my child] am happy with the help I [my child] received.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

21. What was *most helpful* about the help you [your child] got for the victimization(s) described earlier?

_____

_____

_____

_____

22. What was the *hardest part* about getting help for the victimization(s) described earlier?

_____

_____

_____

_____

23. What ideas do you have for how to better help child/youth victims and their families?

_____

_____

_____

24. Do you have any final ideas or thoughts you want to share?

_____

_____

25. Have you taken this survey before? (This is allowed.) ☐ No ☐ Yes

You may be asked to do this survey at another office. If you choose to take the survey again, we would like to match this survey to other surveys you might take to see if your answers have changed after getting more help from other places. To help us match your surveys, please give the information below to make an ID code that will keep your real name private:

_____	_____	_____
Birth Month (Example: 08 for August)	First letter of first name (Example: S for Sara)	First letter of your middle name (Example: M for Maria)

When you are done with this survey, please <u>seal it inside</u> the provided envelope and turn it into the front desk (or the person who handed you the survey) to get your $25 gift card.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Informed Consent to Participate in the Evaluability Assessment Questionnaire

Introduction
Thank you for taking the time to participate in this survey. This survey is part of a research project being conducted by ICF, an independent research and consulting firm, on behalf of the National Institute of Justice (NIJ).

Purpose
The purpose of the study is to (1) document the planning and implementation processes used by the first cohort of demonstration sites and (2) determine the feasibility of conducting an outcome evaluation of all four currently funded demonstration sites. ICF is disseminating this questionnaire to obtain each core project team member's individual, self-assessment of their site's readiness to engage in an outcome evaluation

Who is conducting this study?
This questionnaire is being conducted by ICF, an independent research and consulting firm in Fairfax, VA, on behalf of the National Institute of Justice.

What will I be asked about?
You will be asked to respond to statements about several key components necessary to support an outcome evaluation, including: site-level commitment and prioritization of evaluation activities, project-level elements necessary for rigorous outcome evaluation, and components required for rigorous outcome evaluation.

Benefits of participating in the study
Participation in the survey is very important because you can provide your thoughts about your site's readiness to support an outcome evaluation. There is no benefit to you personally in participating in the questionnaire. However, we hope the information gathered will be used to assist your site, OVC, and NIJ in making programmatic decisions that will ultimately support the eventual development of an outcome evaluation.

Possible risks to me of participating
We do not anticipate any risks to you by participating in this study. It is possible that some survey questions may make you feel uncomfortable. You can skip any questions that you do not want to answer.

Voluntary participation
Your participation in the survey is completely voluntary. You can refuse to answer any questions at any time or choose to not complete the survey at your discretion without penalty.

Confidentiality
Your participation in this survey is strictly confidential. All analysis and reporting of information will be reported at the site level so specific individuals will not be identified. If we publish the information we learn from this study, you will not be identified by name or in any other way.

Procedure
You will be asked to give your consent to take the survey before you begin. The survey takes approximately 20-30 minutes to complete.

Compensation
There is no compensation for participating in this survey.

Questions
If you have questions or comments regarding this survey or the research study, including how the data will be stored or used, please contact: [Name], at [Phone Number] or [Email Address]. If you have any

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

additional questions about your rights as a research participant or any research-related injuries, please contact IRB@icf.com.

If you want to complete the questionnaire, please check the first box. If you do not want to take this survey, please check the box that says, "I do not want to take the questionnaire".

☐ I understand what is written above and want to continue.
☐ I do not want to take the questionnaire.

Below are some key definition to assist you completing the questionnaire:

Site-level Project Leadership refers to the key decision makers at your demonstration site.

Project Staff refers to the members of the core project team who work on the demonstration project, including grantee and co-convener agency representatives, contractors, and local research partners. For example, [Grantee Organization].

Stakeholders refers to the state- and community-level partner organizations involved in the project (e.g., state- and local-level organization representatives who participate in [Stakeholder Group], organizations participating in piloting project activities).

Project Activities refers to the key activities, including [Project Activities], associated with your project that are intended to link systems of care for child and youth victims.

Site Readiness refers to the site-level commitment and prioritization of evaluation activities, including existing support for evaluation and use of data to inform decision making, especially among site-level project leadership, as well as the existence of infrastructure to conduct evaluation activities.

Project Readiness refers to the project-level elements necessary for rigorous outcome evaluation, including operational readiness, support for evaluation among stakeholders, and program scale and maturity.

Evaluation Readiness refers to having in place the key components required for rigorous outcome evaluation, including evaluation capacity, measurable outcomes, appropriate evaluation design, and data systems.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Thinking about the project work that you've done to date, please use the scale provided below to rate the following items. While completing the assessment, please refer to the definitions of key terms presented on the previous page. Please use the text boxes at the end of each section to provide any additional comments regarding your responses.

Please indicate the degree to which you believe each of the following statements to be true about your site's' Linking Systems of Care Demonstration Project ***to date****.*

Site Readiness	**Not at all True**	**Somewhat True**	**True**	**Do Not Know**
There is support for the evaluation and evaluation capacity building, as needed, among site-level project leadership.				
Site-level project leadership demonstrates commitment to evaluation and evidence-based or data-driven decision making.				
Site-level project leadership supports staff positions/activities that focus on evaluation, learning, and improvement.				
Site-level project leadership demonstrates interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness.				
Project staff and stakeholders have opportunities to share information, discuss, reflect, learn, and improve in order to make informed decisions regarding project activities.				
Project staff make decisions based on regular assessment and use of data, information, evidence and feedback. For example, information that came from the sites' needs assessment was utilized to inform decision-making regarding project activities.				
Site-level project leadership is willing and committed to devoting necessary resources (e.g. staff time and financial or other non-financial resources) to the evaluation.				
There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.				
Additional Comments:				

Please indicate the degree to which you believe each of the following statements to be true about your site's Linking Systems of Care Demonstration Project ***to date****.*

Project Readiness	**Not at all True**	**Somewhat True**	**True**	**Do Not Know**
Project activities are designed to address a clearly identified and defined problem or need.				
The project has a logic model which outlines the logical connection between project activities and the intended outcomes or desired changes of the project/program.				
Goals and objectives are clearly articulated and attainable with the available resources.				
There is agreement across the project staff and stakeholders as to what the expected program outcomes are.				
There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short, intermediate or long term will occur.				
There is a shared understanding among project staff and stakeholders about the core elements of the project and the context in which the project operates.				
There is interest and support among project staff and stakeholders in conducting an outcome evaluation.				
Stakeholders see the value of evaluation and have ideas about how the project could benefit.				
There is allocation of a reasonable level of resources (e.g., staff time) to support an outcome evaluation at the project-level.				
The project is being implemented according to the logic model and using a well-planned sequence of activities.				
Project staff are qualified and properly trained to operate the program.				
There are enough qualified frontline staff members on site to implement the planned project activities.				
Data that track implementation of project activities are being collected (e.g., screening tool administration; referral tracking, etc.).				
Input is sought on a regular basis to understand the experiences of those participating in the project activities and to identify and address any problems in a timely manner.				
The project's intentions for expanding and/or improving the project activities are clearly planned out, sufficiently resourced, and feasible.				
The project activities are being delivered at a scale that allows for reasonable outcome measurement.				
The project activities will likely undergo additional refinements or changes.				
The project activities will be in operation for a reasonable length of time and pilot communities will be aware of the project.				

Risks/threats to project activities will be identified and risk monitoring and mitigation processes will be in place.				
External/contextual influences and factors will be accounted for and are not expected to affect the project significantly over time.				
Additional Comments:				

Please indicate the degree to which you believe each of the following statements to be true about your site's Linking Systems of Care Demonstration Project ***to date****.*

Evaluation Readiness	**Not at all true**	**Somewhat True**	**True**	**Do Not Know**
The project staff has the resources to partner with an external evaluator to plan and implement an outcome evaluation.				
The project has internal evaluation capabilities and processes in place to allow for clear communication with an evaluation partner(s).				
Project staff and stakeholders have identified evaluation questions that are clear and cover what they want to learn about the project.				
Outcomes are relevant to the project activities and clearly expressed in the project's logic model.				
The project activities are being implemented such that periods of baseline and follow-up data collection can be defined for evaluation purposes.				
There is agreement and commitment from all necessary project staff and stakeholders regarding the collection and use of data.				
The project has a demonstrated capacity to generate data (e.g. client records, survey data, progress reports) that can be exported to others for evaluation use.				
Additional Comments:				