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**What Constitutes Success?
Evaluating Legal Services for Victims of Crime
Final Site Report: Maryland Crime Victims Resource Center**

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What Constitutes Success? Evaluating Legal Services for Victims of Crime Final Site Report: Maryland Crime Victims Resource Center

Purposes of this Report

This report has three purposes:

1. To report to MCVRC the results from the formative evaluation.
2. To frame how this work can be used and how it fits into the next phases of evaluation:
 - a. how data will be used and can be useful to MCVRC, and
 - b. how the formative evaluation fits into the larger project, which was a test to scope out what is possible/needed to set up the next phases for success.
3. To ensure that information about MCVRC in the final report is factually accurate. The versions of the program/process description, process flow, logic model, and the customized conceptual model in this report all contain adjustments based on lessons learned during the pilot test and feedback from the post-pilot focus group.

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Project Purpose

This National Institute of Justice (NIJ)-funded project is a researcher-practitioner collaboration between the Justice Research and Statistics Association (JRSA), the National Crime Victims’ Law Institute (NCVLI), national experts, and three local programs. These programs include Arizona Voice for Crime Victims (AVCV), Maryland Crime Victims’ Resource Center (MCVRC), and Oregon Crime Victims Law Center (OCVLC).

The purpose of this project for the field is to establish a foundation for future rigorous evaluation that can inform and support excellence in victims’ rights enforcement work and other legal services for victims. The first component was the development of a conceptual model for victim legal services. A preliminary version of the model was adapted to fit MCVRC’s services. After the pilot test, refinements were made, and a finalized MCVRC-specific version of the model was created (described below).

The rest of this project comprised a *formative evaluation*, which is a rigorous assessment to determine MCVRC’s readiness for formal evaluation. This was carried out by collecting key program documentation, interviewing stakeholders, collaborating to design a pilot data collection, and executing a six-month pilot test of it. The goal was to determine which data will be most useful for MCVRC’s purposes on an ongoing basis and to inform the two phases of formal evaluation. These phases consist of a *process evaluation*, during which the evaluation team will collect more detailed data on *how* services are delivered while working with MCVRC to complete ongoing improvements to the client satisfaction survey and implementation (services) data collection launched during the pilot test. These activities will be used to prepare MCVRC for Phase III, the *outcome evaluation*.

An important point raised during the post-pilot test focus groups was that it can be difficult to see how data can be used to inform practice (especially numerical data) when the true impact of services is most easily seen in one-on-one interactions with clients rather than number of services delivered and scale measures that may seem abstract. Even in client satisfaction surveys, staff said that the most useful feedback they receive is not from questions that involve

“ticking boxes,” but open-ended questions where respondents can express their feelings via written responses. Nevertheless, stakeholders also want to know about overall trends in service delivery, victim outcomes, and aspects of service delivery that are most associated with improved outcomes. Fostering an environment of continuous improvement can have a number of benefits for MCVRC and other legal clinics, such as:

- Standardizing collection of performance data (numbers of activities performed, such as reported for VOCA), but adjusting them to provide more detail on desired outcomes from the conceptual model. Then, by comparing them against MCVRC’s carefully designed procedures and assessing real-life fidelity (faithfulness) to those procedures, MCVRC can identify where deviation from best practices may be occurring and self-correct.
- Re-designing and standardizing some survey questions to generate more variety in responses. Doing this can generate useful information about overall trends in victim outcomes to supplement the free-text responses that MCVRC values. The ability to measure these trends and tie them to program activities can inform internal program design and increase MCVRC’s ability to demonstrate its value to funders, boards of directors, criminal justice and victim services partners, legislators, and the community.
- By basing data collection and measurement on a conceptual model of best practices and a logic model based on the goals and theory of change defined in the conceptual model, MCVRC can meaningfully measure progress against its stated mission and goals.

These benefits can be of value not only to MCVRC, but to the field of victims’ rights enforcement across the country.

The Conceptual Model

The purpose of a program and its expected outcomes and impacts must be outlined in detail before evaluation occurs (Black, 2016). This conceptual model for victim legal services was developed via collaboration with the MCVRC, AVCV, and OCVLC interviews with 17 other subject matter experts, a further survey that targeted 104 subject matter experts (77 responded), and supported by an extensive literature review.

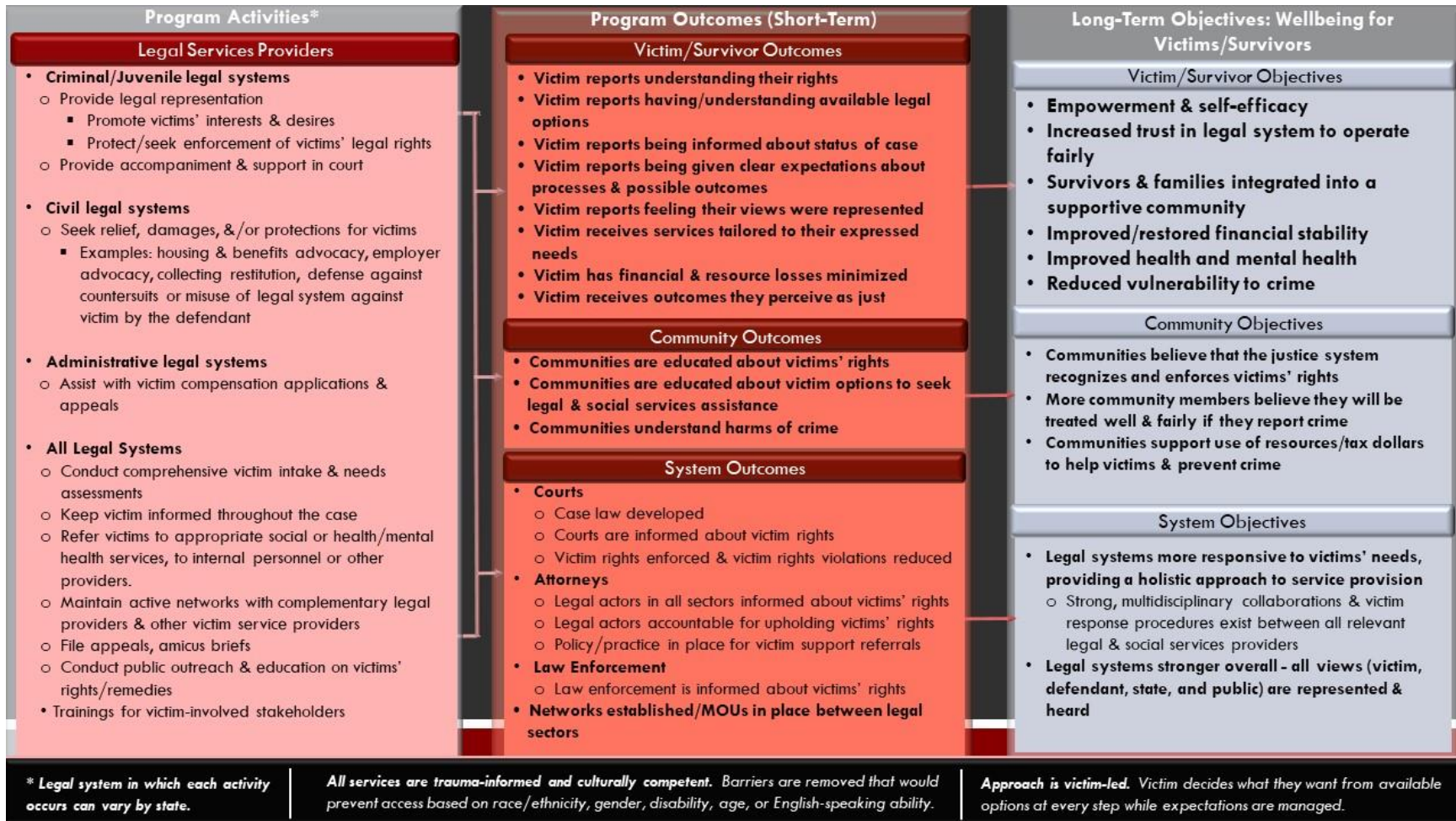
The *conceptual model* guided the selection of measures to be pilot tested (see MCVRC’s Implementation Guide from this project). After the pilot test ended and data were analyzed, the overall and MCVRC-specific conceptual models were revised. MCVRC’s model was further pared down to only include activities that MCVRC performs, and the final conceptual model for future use in evaluation of MCVRC services is shown in Figure 1.

Formative Evaluation Process

The purpose of a formative evaluation is to conduct an assessment of a program’s readiness, resources, and capabilities to participate in a formal evaluation. The JRSA-NCVLI research team began this formative evaluation by conducting a site visit with MCVRC in January 2020, during which the team reviewed program documentation, conducted staff interviews, and received a detailed “tour” of LegalFiles (MCVRC’s case management system, or CMS). Based on this information, the project team began working with MCVRC to design the pilot data collection.

However, in March 2020, the COVID-19 pandemic derailed plans, not only for this formative evaluation, but for the entire victim legal services field. After agreeing to pause the project temporarily, JRSA conducted interviews with three MCVRC staff in August 2020 to ascertain the impact of COVID-19 on Maryland's criminal justice system, on legal services, and on their internal operations. Work resumed to design the pilot data collection and pilot test in September 2020. During this time, the evaluation team worked collaboratively with MCVRC to select measures and draft and finalize the logic model, data collection instruments (survey and LegalFiles data), and the implementation guide used to guide the data collection and reporting processes. Training was conducted in January 2021 and pilot data were intended to be collected for the period covering the six-month period from December 1, 2020, through May 31, 2021 (reported quarterly on March 15 and June 15, 2021). MCVRC instead reported for the calendar quarters covering January 1, 2021 through June 30, 2021 (submitted in July 2021). After the pilot test was completed, a post-pilot focus group was held with MCVRC staff to gather feedback about the pilot test experience, and the data were analyzed for their utility in future evaluation.

Figure 1. Post-Pilot Customized Conceptual Model for MCVRC



Site Context

History. The Stephanie Roper Committee and Foundation, Inc., launched in 1982 to champion the interests of victims. After successfully advocating for state victims' rights legislation, and then witnessing the failure of the criminal justice system to honor those rights, a legal advocacy program and clinic were created. Twenty years later, in 2002, the sister organizations merged to become the Maryland Crime Victims' Resource Center, a statewide non-profit organization dedicated to serving crime victims in Maryland, while maintaining a nationwide reputation for dedicated advocacy and services. MCVRC currently serves victims from offices in Allegheny County, Baltimore City, Columbia, Prince George's County, and Washington D.C., and has diversified its services to include criminal justice education, court accompaniment, therapeutic counseling, support groups, community education, national identity theft leadership, legal information and assistance, direct legal representation, policy advocacy, technical assistance for allied professionals and criminal justice agencies, and faith-based referrals. MCVRC was selected because, while focused on victims' rights enforcement, their work is situated in a larger holistic approach. Including Maryland will allow for contrasting victims' rights enforcement situated in a larger suite of services against the more focused programs of Arizona and Oregon, thus allowing for study of different approaches to the same outcome goals identified in the conceptual model.

Mission. MCVRC's mission statement is as follows: "To ensure that victims of crime receive justice and are treated with dignity and compassion through comprehensive victims' rights and services."¹

Staff. To carry out this mission, at the beginning of the pilot test, MCVRC had eleven attorneys, five advocates, one I.T. staff member, a trainer, and other support staff and volunteers. Their financial resources come from donations, their VOCA grant, and other state and federal grants. Technology and data collection and management resources to support the work prior to the pilot test include their intake/needs assessment mechanism, LegalFiles case management software, other records management software, and an electronic survey administration platform (via Google Form). Figure 2 shows an illustration of MCVRC's case flow process, which is described in detail below, and the full logic model can be found in Figure 3.

This section will describe MCVRC's case processing procedures beginning with that of the advocates, who handle case intake and multiple other functions over the course of a case, followed by the attorneys' case processing procedures. These descriptions were compiled based on site visit interviews and document review.

Advocate Case Processing

The victim advocates' role consists of receiving referrals, conducting intake assessments, providing informational and emotional support to clients, offering resources, informing clients of their rights, assisting clients with completing forms (e.g., CICB, or victims' compensation claims), presenting options for advocate assistance along with the pros and cons of each one,

¹ <https://www.mdcrimevictims.org/>

consulting with attorneys, updating clients on case status, liaising between victims and external agencies/organizations, court accompaniment, assisting with victim impact statements, facilitating client satisfaction surveys, attending training, delivering training (e.g., to police), and performing community outreach. In addition, the Victim Services Coordinator trains and supervises the advocates, collects data from both advocates and attorneys, and compiles aggregate statistics for grant reporting.

Intake. At MCVRC, all intake assessments are carried out by the advocates in-person or over the telephone. This may be done by the advocate who was the client's first point of contact or transferred to the advocate who is assigned to client's county of residents (*note:* advocates also have backup counties that they are responsible for to assist with overflow, and there are Spanish-speaking advocates and attorneys for those who need it). A client can also self-complete an intake form online. Intake involves collecting client and case information, as well as identifying the client's needs. The advocate outlines their role and clients are asked to specify what support or advocacy they are seeking (e.g., compensation, restitution, counseling, resources, legal information and/or representation). Advocates will consult with an attorney if intake requires legal support/advice and refer clients to external resources if they have other needs (e.g., housing assistance, Pro Bono Counseling Project, including seeking reimbursement for missing work, funeral expenses, or dependency help). MCVRC does have a counselor on staff that can assist with therapy.

After completing the intake, a welcome packet is mailed to clients that includes information about MCVRC and their services, victims' rights in the state of Maryland, and CICB information and applications. Advocates then check in and do call backs with clients within a few days after initial contact. The intake information is entered into MCVRC's CMS, LegalFiles. If the client is seeking legal services only, the advocate will transfer the case to their assigned attorney (advocates and attorneys are partnered up by county at MCVRC). If clients are seeking both legal and advocacy services (or advocacy only), the advocate offers a list of options and allows clients to decide which services best address their needs. This can include resources for housing, therapy, counseling, and/or healthcare.

Client Eligibility. Intake information is screened against eligibility criteria for services and a conflict check is performed. A conflict check is carried out to verify that returning clients were not named as defendants in previous cases handled by MCVRC, that new/former clients were not cross-charged in the current case, and that MCVRC does not already represent a family member in the same proceeding. A new case is opened with each new intake, regardless of the clients' (new/former) status.

Clients who are crime victims (including federal crimes) and cases that involve criminal injury are eligible for services at MCVRC. There is no specific crime type for eligibility and income eligibility is solely for appeals of administrative actions that relate to CICB. The case does not have to be active (e.g., no suspect or arrest), but the crime must have been committed in Maryland or involve a Maryland resident to qualify for services. A client is not eligible for services if: 1) he/she is currently a defendant or prior defendant in an MCVRC case; 2) the case is a civil matter (e.g., estates, divorce or child custody cases, civil protective orders); 3) the issue is outside the scope of MCVRC (e.g., relocation assistance); or 4) other circumstances (e.g., if

the defendant is deceased but there is no trial and the client (e.g., family member) declines counseling).

The advocate's main role in client meetings is to provide clients with informational and emotional support. (*Note:* there is a designated Spanish speaking advocate at MCVRC.) Client meetings are client-led insofar as how and where they occur, meeting length, and frequency. This frequency of contact can thus, vary from several times a week to less often. Case notes are entered into LegalFiles after every conversation. Around 50% of cases do not have legal representation needs, and in those cases, advocates often accompany clients to court instead of an attorney. Advocates also assist victims with victim impact statements.

Within one to two weeks after a case ends, the advocate follows up with their client by email and/or telephone to do a wellness check. The case is closed only when the client has stated that there is nothing else with which the advocate can assist the client. For pending CICB claims, clients are notified as/when the claims move forward. Previously, a client satisfaction survey was sent out by the designated advocate at the close of each case, but MCVRC's survey delivery method changed in 2020 to including a link to the survey in the advocates' email signatures. This lessened survey burden and also allowed MCVRC to collect client feedback at multiple points in the case. MCVRC does not conduct formal analysis of the completed surveys, but advocate staff are briefed on any outstanding issues.

Attorney Case Processing

After an advocate has conducted an intake and brought a case involving legal needs to their assigned attorney, the attorney reviews the case information collected at intake, researches relevant issues (e.g., statutes), and consults with the advocate who completed the initial intake to fill in any gaps in information. The attorney's focus is on the client's legal needs (e.g., victim complaint, rights violation, restitution) and the current stage of proceedings (e.g., investigation or ongoing criminal prosecution). For complex cases involving multiple issues, the attorney consults with his/her supervisor to discuss client eligibility and the supervisor decides whether the client can be legally represented by the attorney. If the client is deemed eligible for services, the attorney gathers the necessary information and then contacts the client by telephone or email to set up an initial client consultation to hear the clients' perspective, gather additional information, and "issue spot" using a trauma-informed approach. An action plan is then developed in collaboration with the client.

MCVRC begins active client representation with a two-part process involving a retainer agreement outlining precisely what services MCVRC will provide free of charge and is a separate document from the LOR in Maryland. These two documents are signed by the client before a court appearance and before the Notification of Appearance is submitted to the courts. Legal practice after this point is similar to AVCV's process (outlined in the full project final report).

It is important to note that there can be many paths to case resolution, meaning that different solutions may be offered based on client preferences and there is no single set of outcomes that can be applied uniformly to every case. For example:

- Clients who want to drop their case are educated about the criminal justice process (e.g., no choice to withdraw charges once the police and prosecutor are involved).
- Clients who want to press charges, but are denied by police, are educated on what additional information the police need to be able to move the case forward.
- If the client has not reported the matter yet, attorneys will educate clients about the consequences of not pursuing legal action, time sensitive issues, options available for reporting, and agencies that could assist clients with reporting.
- If the client does not want their attorney to participate in the trial, the attorney will notify the State Attorney. Attorneys reassure clients of their continued availability should the client change their mind or would like to discuss anything further.

Appeals at MCVRC are handled by a single attorney designated the ‘Appeals Specialist’ who specializes in federal appeals cases and also works on developing case law in Maryland. MCVRC will cover the cost of appeals if the client has no means to pay.

Cases involving victims’ rights violations have several options, depending on the stage of the proceedings: an interlocutory appeal (mid-trial), filing a motion to reconsider (post-trial), petitioning for a mandamus (post-trial), or making a legislative appeal (post-trial). Violations of privacy, failing to confer regarding plea agreements, and restitution refusals (e.g., if the judge refuses to grant restitution on illegitimate grounds) are common violations seen by attorneys at MCVRC. In such cases, attorneys reach out to external parties (e.g., the prosecutor, victim advocates, police) to find out what the issue was before pursuing one of the above courses of action. It is a balancing act for attorneys to serve the client while also maintaining good relations with the other parties.

The attorney’s actions in the face of a rights violation are led by the client’s wishes. After conferring with the client, the attorney consults with his/her supervisor and MCVRC’s Appeals Specialist to confirm that a violation has indeed occurred and take advice on next steps. Factors that are taken into consideration in decisions to appeal include: the client’s wishes, what impact it will have on others, and what opinion they will likely get. If an appeal is deemed appropriate, the attorney writes it up and forwards it to the Appeals Specialist. The Appeals Specialist then sends a memo out to all staff for review. The attorney files the appeal within his/her jurisdiction and the Appeals Specialist argues it in court. MCVRC holds moot courts for the Appeals Specialist to rehearse before going to the Appellate Court. Attorneys will keep the advocate assigned to the case informed throughout this process.

Immediately after the trial, the attorney follows up and debriefs the client. The attorney checks that the client understood what happened at the trial, asks how he/she felt about the resolution, answers any questions, and asks if the client has any current needs/concerns. If the case is pending an appeal, the attorney tells the client that he/she will be notified if there is a change in status via the VINE automated notification system. The client is then referred to back to the advocate who will coordinate additional support services to meet any remaining needs.

After a case is closed, attorneys may retain contact with their clients at the clients’ discretion. MCVRC also holds monthly meetings for survivors of homicide and attorneys will

oftentimes stay in contact with these clients. MCVRC retains a mailing list of their clients and attorneys send out holiday cards.

Process Flow and Logic Model

Figure 2 shows an illustration of MCVRC’s case flow process as described above. Figure 3 shows the finalized logic model that breaks down MCVRC’s inputs, activities, outputs, short term outcomes, and long term objectives as guided by the conceptual model. These versions contain revisions made post-pilot to improve its accuracy before this project moves into the process evaluation phase.

Figure 2. MCVRC Case Processing Flow Chart

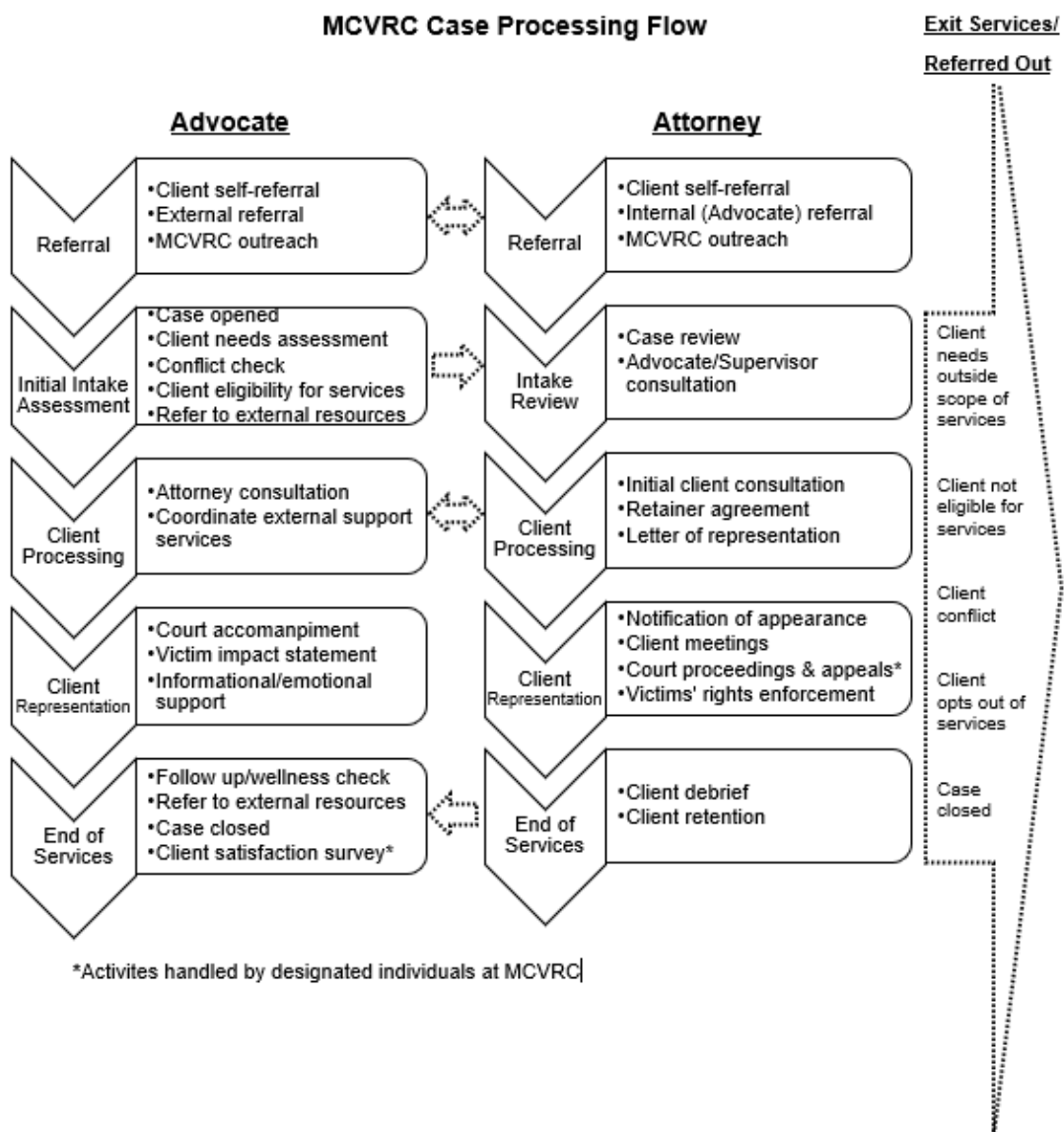


Figure 3: MCVRC’s Final Logic Model

Inputs	Activities	Outputs	Short term Outcomes	Long-term Outcomes
People and Services Legal Services <ul style="list-style-type: none"> • Executive director • Legal services director • Staff attorneys • Legal aids Other services <ul style="list-style-type: none"> • Social workers • Advocates • Volunteers • TTA Victims/survivors/clients	Intake assessments Inform of options/possible outcomes Legal representation <ul style="list-style-type: none"> • Rights enforcement • Compensation help • Civil matters • Protective orders Provide accompaniment Information/Notice <ul style="list-style-type: none"> • Case events • Rights and options File appeals and amicus briefs Maintain provider networks <ul style="list-style-type: none"> • Referrals Social services Support groups Outreach Holistic treatment	# victims served # victims notified # each service provided <ul style="list-style-type: none"> • # of times • Dosage level # referrals Amount of damages recovered # appeals/amicus briefs filed # clients obtaining benefits such as housing # protective orders filed or granted	Victim needs met <ul style="list-style-type: none"> • Informed of rights • Rights enforced • Know options • Informed about case status • Tailored services • Views represented • Social service benefits • Resources recovered • Trauma reduced • Feel heard • Safety Financial situation improved Case law developed	Empowerment and self-efficacy Improved trust in legal system V/S/C and family supported Improved financial stability Improved mental health Legislative changes support victims Community supports victims Reduced vulnerability to crime and revictimization Stronger legal system
Financial resources <ul style="list-style-type: none"> • Donations • VOCA grants • Other state/federal grants Volunteers	Write grant reports/proposals Solicit donations Budgeting Volunteering	# grant proposals submitted Donations received Budgets produced # volunteers	Total funding received Resources available to provide services <ul style="list-style-type: none"> • Legal • Social • Mental health • Training/TA/Outreach 	Able to continue serving victims Increased # victims served Increased # services offered Increased number and types of trainings offered
Technology/data management <ul style="list-style-type: none"> • Intake assessment tool • LegalFiles software • Other records management • Exit survey tool • Website (dated, but MCVRC says clients find them through the website) 	Enter data <ul style="list-style-type: none"> • Update case status • Maintain database Survey clients <ul style="list-style-type: none"> • Enter survey data • Analyze data Determine victim eligibility and needs Online outreach and education	Active database maintained # completed surveys processed/analyzed # website hits	Grant reports produced Data used to improve services/support grant applications	Continued/increased funding Acknowledgement of importance of victim rights Data provides evidence of the value of victim services <ul style="list-style-type: none"> • Legal social services • Social services Data supports the use of TIC/culturally sensitive practices

WHAT CONSTITUTES SUCCESS? EVALUATING LEGAL SERVICES FOR VICTIMS OF CRIME
FINAL SITE REPORT: MARYLAND CRIME VICTIMS RESOURCE CENTER

Inputs	Activities	Outputs	Short term Outcomes	Long-term Outcomes
<p>Knowledge/skills/abilities</p> <ul style="list-style-type: none"> • Understanding of rights laws (state and federal) • Training and TA expertise • Mental health • Social welfare • Cultural sensitivity • Trauma informed case 	<p>CLE</p> <ul style="list-style-type: none"> • On current law changes • Case law changes <p>Provide training</p> <ul style="list-style-type: none"> • Legal community <p>Outreach</p> <ul style="list-style-type: none"> • To legal professionals • To social service professionals • To the general public <p>Trainings on cultural sensitivity and TIC</p>	<p># professionals trained</p> <ul style="list-style-type: none"> • # of each type <p>#/hours of CLE attended</p> <p># outreach contacts</p> <p># community events attended</p> <p># interdisciplinary meetings</p> <p># non-legal (social service or cultural sensitivity) trainings attended</p> <p># educational materials distributed</p>	<p>Greater knowledge about victims' rights and needs</p> <ul style="list-style-type: none"> • Prosecutors • Defense Attys. • Judges • Law enforcement • MCVRC Staff attorneys • Other victim Service Providers • Community members <p>MOUs/MDTs in place</p> <p>Greater understanding of TIC and cultural sensitivity</p> <p>Community informed on rights, options, and harms of crime</p>	<p>All legal professionals informed about victims' rights</p> <p>Culturally sensitive and TIC provided system-wide</p> <p>Collaboration occurs between all victim service providers</p> <p>All populations have access to services</p>

Final Data Collection and Analysis Plan

The data collection instruments (revised survey, activities/CMS data recording template, and instructions for collection and reporting) are contained in MCVRC's Implementation Guide from the pilot test. After final data were received, and questions clarifying the data were answered, the evaluation team conducted the following analyses:

- Percent of cases for which reporting on each data point was complete;
- Percent of cases for which data reported consisted of valid responses (within range for numerical responses, responses entered matched what was asked for on other items);
- For survey questions, whether sufficient range in responses was received (to determine whether a particular question would generate useful information, or whether another option would work better); and
- Fidelity assessment: whether ongoing collection of these data during the process evaluation will be useful to measure faithfulness of activities observed to processes defined.

These analyses, along with the post-pilot focus group, were used to assess MCVRC's readiness for future evaluation, to identify issues for resolution during the process evaluation, and to make initial recommendations for possible outcome evaluation designs.

Pilot Test Experience

MCVRC experienced several issues with the data collection and reporting process, both with adapting LegalFiles to extract the data into a reportable format, and with launching the survey. For example, information regarding 'clients' reasons for contacting the clinic' and 'issues represented' are currently documented in case notes that cannot be queried in LegalFiles. MCVRC staff, therefore, had to manually extract data for these two fields for the pilot test.

Additionally, while MCVRC had started collecting data in LegalFiles on COVID-19 impacts, specifically on whether court accompaniment and court representation were performed in person or virtually, staff were unable to extract this information in usable form for the pilot test report. Specifically, MCVRC's CMS is currently linked to Tableau, which can only produce aggregate-level reports. Because the pilot test required case-level reporting, Crystal Reports was used instead as it has the capability to create individual-level reports. However, Crystal Reports did not immediately 'sync up' with MCVRC's data infrastructure in LegalFiles. This required the IT person to restructure the data by building out new tables, views, and queries in a manner compatible with Crystal Reports. However, the process of doing this unexpectedly altered the data that MCVRC is required to report to other grants, which took a substantial amount of time to resolve. Lastly, the data submitted to JRSA was in a format that was not easily accessible for analyses (i.e., each case's full data was entered into single, uneditable cells in an Excel spreadsheet).

Based on feedback from MCVRC's IT person during the post-pilot test focus group, this was the 'cleanest' way to generate the data via Crystal Reports in the time allotted. While JRSA staff were able to resolve this issue by creating a new spreadsheet and transcribing the data by hand, further time investment will be needed to determine another more effective and efficient

way to generate the reports and include numerical data for all variables. MCVRC's IT staff will need to perform further diagnostics after the pilot period, but the issues have been identified and MCVRC's IT staff have said that the issues can be resolved during the process evaluation phase.

MCVRC also had some difficulty with the survey launch. The survey link that they embed in staff email auto-signatures was not pointed to the correct link until Month 5 of the pilot test; nevertheless, enough test surveys were received before the pilot test ended to assess their future utility.

Case-Matching Process. MCVRC was able to match some client surveys to their case records internally by relying on clients to voluntarily fill in their names contact information on the survey itself. Around 25% of clients provided their information at the end of the survey, which MCVRC then used to match to case records (thus, MCVRC is unable to match 75% of surveys received). However, while MCVRC was able to complete some level of case matching on their end, there were no matching pseudo-identification numbers added into data files submitted that would enable case matching by the evaluation team for outcome analysis (e.g., matching activities data from the CMS to outcomes captured in the survey at the case level). There are anonymous identifiers in each file, but as submitted, the identifiers in the survey and CMS data files do not match each other. While the use of pseudo-IDs was covered during the pilot test training and in the implementation guides, the pilot process has revealed that additional, more detailed training on exactly *how* to insert matching pseudo-IDs into both the CMS and the survey data files that the evaluation team can use will be required during the next phase of evaluation. Such a process may require sites to match cases on phone number or another variable prior to inserting pseudo-IDs into both files in order to protect client anonymity.

Table 1 below presents key descriptive statistics for the cases represented in the pilot data MCVRC reported. Sites were asked to report data for all cases that were active during the entire six-month pilot period. MCVRC provided data only for cases that *opened* during that six month period; cases that were opened earlier, but that may have closed in the pilot period, were still excluded. In the data file MCVRC submitted, 337 new cases of all types were included that were opened on January 1, 2021 or later, and of those, 58 cases closed within the reporting period. The highest proportion of MCVRC's cases were related to homicide. The exclusion of cases that opened earlier, but that closed within the pilot period, limited the level of outcome data we might have captured for MCVRC, given that many cases can go on for years (most cases are unlikely to open and resolve within a single six-month period). This is another issue that can be addressed during continued development work with MCVRC's IT staff.

Impacts of COVID-19. One confounding factor that was not foreseen was the COVID-19 pandemic and the impacts that lockdowns and safety measures would have on courts, criminal justice, and methods and capacity for service delivery. Crude measures that we attempted to capture at the case level included number of days proceedings or provision of services were delayed and changes in methods of service delivery. Mixed success was achieved in measuring these impacts. COVID-19 impacts in terms of number of days delayed and methods of service delivery (in person, virtually, by phone) as well as burden of reporting the data for evaluation (time spent recording activities data) could not be assessed for AVCV or MCVRC because

neither site reported usable COVID-19-related data (proceeding formats) or time burden data in the data submissions extracted from their CMS's. However, some level of burden is estimated below based on analysis of invoices for time spent on the evaluation, and solutions to the reporting difficulties encountered during the pilot test have been identified for completion.

Table 1: Descriptive Statistics on Cases Reported during Pilot Test

	MCVRC (N = 337)	# of Rights Enforcement Cases
Total active cases opened prior to pilot test period (i.e., before 12/1/2020)	10	0
Total cases opened/new during pilot period (12/1/2020-5/31/2021)	270 ²	25
Total cases closed during pilot period (12/1/2020-5/31/2021)	56	1
Victimization type:		
Homicide (includes attempted and survivors)	84	RN = 2 RH = 1 RR = 1 NS = 2
Rape/sexual assault (includes minors)	39	RH = 1 RN = 1 RR = 1 NS = 2
Adult physical abuse/assault	50	RN = 3 RR = 1 NS = 7
Family/Domestic Violence (including child abuse/neglect)	63	RN = 6 RH = 4 RR = 1 NS = 3
Kidnapping	2	0
Robbery	9	RH = 1
Vehicular (includes auto theft, DUI/DWI, hit and run)	7	0
Property crimes (includes theft, B&E, burglary, vandalism)	27	RR = 4 RH = 1 RN = 1 NS = 1
Fraud/identity theft	14	RR = 1
Stalking/harassment	11	NS = 1
Elder abuse	2	RH = 1
Other	11	0

Key to rights abbreviations:	
RD = Right to refuse discovery	RH = Right to be heard
RN = Right to information/notification	RP = Right to be present
RPr = Right to protection	RR = Right to restitution
RS = Right to speedy trial	NS = Right at issue not specified

² Case status was missing for one of MCVRC's cases so it could not be determined whether it was an active or closed case.

Data Quality Assessment

Assessment of the Pilot Data Completeness, Validity, and Internal Consistency. An assessment of data quality was performed by examining data completeness, validity, and internal consistency. *Data completeness* refers to the degree to which all critical data points were reported, measured by calculating the percentage of cases with completed data for each activity and survey question. Next, *data validity* was assessed by verifying that the data submitted for each item were in the correct type (e.g., numeric, text), values within range, uniqueness (e.g., no duplicate case ID numbers), and consistent expressions/use of abbreviations (e.g., hour, h). Part of data validity included an assessment of logical *internal consistency* (e.g., a site reported providing services 5 times total but indicated that they provided it 5 times in person and 3 times by phone (i.e., $5 \neq 5 + 3$), or whether activities reported were consistent with the type of case).

Note: All data presented reflect analyses of how useful these data will be for a future outcome evaluation and are not an assessment of service delivery during the pilot period.

Pilot Data Quality Assessment: CMS Data

MCVRC did not report data during the first quarter of the pilot test due to complications in making changes to LegalFiles to collect the new/modified pilot test measures, and with integrating Crystal Reports into the LegalFiles system to extract the data at the case level. However, MCVRC provided data during the second quarter of the pilot test that covered a complete six-month period. MCVRC's data were extracted and returned for calendar quarters (January-March 2021 and April-June 2021) rather than the exact dates of the pilot test as outlined in the implementation guides and training (cases active between 12/1/2020 and 5/31/2021). Future reporting may be scheduled around calendar quarters to ease burden on participating sites.

In the second quarter, MCVRC's *data completion rates* varied from 0% to 100%. One major issue was that data were missing for five items that were scheduled for reporting on all activities in the data reporting tool (number of times activity was performed in person, number of times activity was performed virtually, number of times activity was performed by telephone, COVID-19 delays, and time taken to record data). The implication of this is that the impacts of COVID-19 on service delivery during the pilot test period and overall time burden for pilot test data collection cannot be estimated at the case level for MCVRC. Some activities on which data were requested were also omitted: civil court representation, civil court accompaniment, criminal court representation, and criminal court accompaniment. As these are essential activities on which to collect data for evaluations of legal services, solutions will be explored to ensure Crystal Reports can extract this information from LegalFiles in the future.

Of the data reported, MCVRC's *validity ratings* were between 0% and 100%. One issue that accounted for the lower percentages is that where data should have been entered as numerical values (e.g., number of times spent performing an activity), a binary yes or no was extracted into the Crystal Report instead, which are not valid response options. This was identified as a problem not with data entry into LegalFiles, but with the extraction into Crystal

Reports. The validity ratings for these items could be improved by resolving the IT difficulties in generating data files for evaluation and retraining staff to input valid data responses, if necessary.

‘Reason for Contacting’ and ‘Representation Issue’ were problematic variables for MCVRC, just as they were for AVCV, and so were the ‘Referral Source’ and ‘Rights Enforced Issue’ variables. 57, or 17% of responses for “Reason for Contacting” named the referral source rather than the issue for which the potential client was requesting assistance. Referral source was correctly entered in the “Referral Source” field in two cases.

- 7, or 2% of responses for “Client Representation Issue” did not describe legal representation needs; five responses simply stated “Resources.” This variable could also be relabeled as “Client Legal Representation Issue.”
- 32, or 9% of responses entered “Demand for Rights” or “Victims’ Rights” for “Non-legal Advocacy Issue.” These items should only be included under Client Representation unless the option of an attorney was presented to the client during intake, and the client declined. Reasons for these entries will need to be examined further during the process evaluation before recommending a final resolution.
- Finally, 27, or 8% of responses for “Rights Enforced Issue” simply stated “Victims’ Rights” and did not name the right for which the client received assistance.

MCVRC reported that they currently record this information in free-text note fields in LegalFiles rather than in easily-extractable data points. This issue could be resolved by programming new fields into LegalFiles to consist of dropdown boxes or radio buttons (prompts) to reduce room for error, although MCVRC is concerned that adding these new fields would increase burden on staff. For the pilot test, these difficulties limited the conceptual validity of the data reported. Additional training and technical assistance may help, along with inserting hover text or other instructions in LegalFiles to clarify existing data fields. For “Referral Source,” it would be a good idea to keep that field easy to modify, in case tracking referrals associated with specific training or outreach events would be desirable in future phases of evaluation (it was not possible during the pilot). Any remaining issues in this area that cannot be solved by technology can then be covered by retraining of staff. The balance between creating more accurate reporting methods and limiting the amount of additional burden on staff will be explored further during the process evaluation.

Lastly, for the single ‘notification of case events’ variable, MCVRC provided data broken out into four specific types of notifications: notification about pre-trial, notification about trial plea, notification about appeal, and notification about release. This level of specificity reflected a misunderstanding of the data requested in the data reporting template, which was meant to provide examples rather than request a breakdown. However, breaking notifications down in this way may be more useful for evaluation than a single ‘catch-all’ variable for notifications. Therefore, reporting on specific types of notifications may be incorporated into future phases of the evaluation (after verifying how the other sites currently report information about notifications to their grant funders). If this division of notification types is not currently in use by the other sites, then the evaluation team will simply sum the notifications reported by MCVRC on the back end for easier comparisons.

Pilot Data Quality Assessment: Client Survey Data

MCVRC recorded 121 surveys sent in their CMS data; 24 were received via SurveyMonkey (eight from individuals with active cases and 16 from individuals whose cases were closed). This low number is, in part, because the link sent to clients to participate in the survey was not changed to point to the revised survey until late in the pilot test (this problem has now been resolved for the next stage of evaluation). Nevertheless, initial analyses on the usefulness of various survey items for future evaluation research was still possible with the responses received. In future, it will be necessary to know how exactly many surveys were sent in total to calculate and track improvements in response rates. Various options using survey collectors available in SurveyMonkey will be explored to facilitate this process (as previously stated, currently, a general link is included in emails to all clients within staff email auto-signatures).

Conceptual Validity. Conceptual validity refers to whether a measure is capturing the desired information. Conceptual validity across survey items was assessed, both in terms of interpretation of measures, and how much variation was received in the different measures to make them useful for outcome evaluation. A common point made during the site visit interviews was that surveys received tended to skew toward the positive, and clients who felt more negatively or were simply “ready for their case to be over” tended not to return their surveys. Knowing that this response bias can be a problem, the evaluation team tested new survey questions to try to elicit more variation in responses than sites reported receiving in previous surveys.

Table 2 shows the variety in responses received to survey questions intended to capture short-term and long-term outcomes defined in the conceptual model and agreed upon by the sites. The table contains results for OCVLC and AVCV as well, for comparison, as each site’s survey questions were slightly different. Each conceptual model outcome is noted in bold font, and if there was more than one measure used to capture the outcome, it is listed below the outcome in question. In some cases, two measures to capture the same outcome were tested to assess which performed better (that is, elicited more variety and/or garnered more responses). Generally speaking, responses received for AVCV and MCVRC showed a good amount of variation. This suggests that most of the measures above will provide the nuance desired for an outcome evaluation.

Comparisons between different measures tested to capture the same concept were also made by assessing each one for variation and per-item response rates, by examining responses to free-text fields for additional detail on client interpretation, and via discussion with the post-pilot focus groups about staff interpretations. Recommendations for specific measures going forward, based on these analyses, follow later in Tables 7 and 8, particularly for different measures assessed for their ability to capture the same concept.

Table 2: Variation in Outcome Measures Captured in Client Satisfaction Surveys

OUTCOME MEASURES FROM CLIENT SURVEY	Min-Max Possible	AVCV Min-Max (N=28)	MCVRC Min-Max (N=24)	OCVLC Min-Max (N=8)
Short Term Outcomes: Client Perceptions				
Victim Reports Understanding their Rights	1-5	4-5	1-5	5-5
Victim Reports Understanding Available Legal Options	1-5	3-5	1-5	4-5
Victim Reports Being Informed of Case Status	1-5	N/A	1-5	5-5
Victim Reports Being Given Clear Expectations about Processes and Possible Outcomes	1-5	N/A	N/A	4-5
Victim Reports Feeling Views were Represented	1-5	3-5	1-5	5-5
Victim Reports Receiving Services Tailored to their Needs				
Did you understand the services available to you?	1-5	3-5	1-5	N/A
Did the services/referrals you received meet the needs you expressed?	1-5	1-5	1-5	3-5
Victim Has Financial Loss Minimized				
Did you receive help requesting Victim Compensation?	1-5	2-5	N/A	N/A
Did you receive help requesting Restitution?	1-5	2-5	N/A	N/A
Victim Receives Outcome They Perceive as Just	1-5	2-5	1-5	3-5
Longer-Term Outcomes: Client Perceptions				
Empowerment and Self Efficacy				
Given enough info to make your own decisions?	1-5	3-5	1-5	5-5
Safety Questions:				
Did you receive help with safety planning?	1-5	3-5	N/A	N/A
Are you confident you can continue to plan for your safety?	1-5	3-5	N/A	N/A
Did our services increase your ability to stay safe?	1-5	2-5	1-5	N/A
Self-Efficacy Scale				
I will achieve most of the goals I set	1-5	3-5	2-5	N/A
Am certain I can accomplish difficult tasks	1-5	2-5	2-5	N/A
In general, I can obtain outcomes important to me	1-5	3-5	3-5	N/A
I will successfully overcome many challenges	1-5	3-5	3-5	N/A
Do you feel more self-sufficient? (single question)	1-5	N/A	1-5	4-5
Increased Trust in Legal System to Operate Fairly				
Are you more likely to report crime? (single question)	1-5	3-5	N/A	N/A
Increased participation in justice system	1-5	2-5	N/A	N/A
Court Empowerment Scale				
I believe the courts will consider my rights	1-5	1-5	2-5	2-5
I believe the courts will treat me fairly	1-5	1-5	3-5	3-5
I would encourage others to report crime	1-5	1-5	5-5	5-5
I will be forced to accept an outcome I do not want	1-5	1-5	1-5	1-5
I will be forced to do things I don't want to do in court	1-5	1-5	1-5	1-5
Survivors/Families integrated into Supportive Community				
Do you have an improved support system? (single question)	1-5	3-5	N/A	N/A
Social Support Scale				
There is someone with whom I can share joys & sorrows	1-5	4-5	3-5	N/A
I have someone who really tries to help me.	1-5	4-5	2-5	N/A
There is someone I can go to for emotional help/support	1-5	4-5	3-5	N/A
I have someone I can count on when things go wrong	1-5	2-5	3-5	N/A
Are you interested in volunteering to help others?	Y-N	N/A	N/A	Y-N

Pilot Data Quality Assessment: Organizational Outcome Data

Some organization-level data were also collected to gain a sense of whether basic system and community outcomes could also be measured. Data were collected in three categories: Networks Established/MOUs in Place with Legal Actors and Other Partners; Legal Actors Informed about Victims’ Rights; and Communities Educated about Victims’ Rights. Data collected about MOUs, professional trainings, and community outreach activities are shown in Table 3. MCVRC reported no formal MOUs in place, but they have working relationships in place with POMC in Maryland, criminal justice system actors across the state, and numerous victim service providers and community groups.

Table 3: Organizational Outcomes

Activity	MCVRC	Outcome category
MOUs in place to provide/receive client referrals	None Written	Networks Established/MOUs in Place with Legal Actors and Other Partners
# of MOUs with legal providers	0	
# of MOUs with social services providers	0	
# of MOUs with criminal justice system partners	0	
Names of organizations with written MOUs		
Conduct trainings	Yes	Legal Actors Informed about Victims' Rights
Number of trainings conducted	12	
List trainings and audiences	Police, Prosecutors, Trafficking Task Forces, DV Case Review Teams	
Outcome: Number of referrals resulting from each training and from whom (List each separately)	Referrals Received from System Actors, but not tied to individual trainings	
Conduct outreach activities	Yes	Communities educated about victims' rights
Number of outreach activities	16	
List trainings and audiences	Victim Svcs; Mentoring Programs, City Gov't, Legislators	
Outcome: Number of referrals resulting from each outreach activity (List each separately)	Referrals Received from Comm. Partners, not tied to individual trainings	
COVID-19 Impacts?	Trainings conducted Remotely	

MCVRC conducted 12 trainings with other legal actors during the pilot period to inform them about victims’ rights; however, due to the COVID-19 pandemic, all training and outreach were conducted remotely. MCVRC also reported conducting 16 outreach sessions with various organizations. During the pilot test, we attempted to use the ‘referrals in’ variable as an outcome measure for both training and outreach activities (the assumption is that successful training should result in an increase in referrals from that source).

While ‘referrals in’ could be tracked, LegalFiles was not modified to add specific training *events* as options in the referrals field. During the formative stage, pilot sites were more heavily focused on the client-level CMS and survey data collection implementation. The ability to better capture these organizational outcomes in the future (referrals resulting from specific system actor training and community outreach events) will be explored further during the process evaluation, as will the ability to measure impact by combining the name of the group trained with the case start date on the back end to tie the increase in referrals to a specific effort.

Fidelity Assessment

Fidelity (faithfulness) to program design may be assessed using three types of implementation measures: Context, Compliance (also called Adherence³), and Competence (definitions below). The implementation/CMS data collected will provide preliminary/formative stage information on compliance measures that were based on the process flow in Figure 2 above, whereas Context and Competence information will come from the document review, site visit interviews, and post-pilot focus groups. Results from this section will be used to determine whether the data collection as pilot tested in this phase will be sufficient to conduct the formal fidelity assessment in the process evaluation.

Context Fidelity

Context fidelity measures pertain to the *prerequisites* for high-fidelity implementation, including items such as job qualifications, training, and having the resources needed to properly deliver services as designed. Table 4 shows the prerequisites MCVRC has in place to deliver services. Information to assess adequate presence of these resources came from the document review and site visit interviews, with additional context about items that may have changed during the formative evaluation period provided by the post-pilot focus groups.

In terms of staff competencies, legal staff possess the required knowledge of victims’ rights and related laws, have experience providing training/technical assistance to partners, and have access to a language line for interpretation services as needed. MCVRC also has at least two staff members who are bilingual in Spanish. Access to interpretation is a crude measure of fidelity to the principle of cultural sensitivity in service delivery. This concept will be examined in greater detail during the qualitative portion of the process evaluation. Among victim advocacy staff providing non-legal representation support (connection to social services, emotional support/accompaniment, non-legal victim advocacy, etc.), MCVRC staffs their advocate positions with candidates with prior experience in victim advocacy, but they do not have degree requirements.

All three project sites indicated that, during the pilot test period, they experienced cuts in grant funding. This loss of financial resources (indicated with the * next to the X in the Financial Resources line) has resulted in reductions in staff size. All sites have a CMS in place to manage case data that is adequate for supporting victim services. However, there is variation across sites

³ www.ndsu.edu/vpsa/assessment

in the ability to modify them with ease for evaluation and reporting. MCVRC has an I.T. staff member in place who can make modifications, though with some difficulty.

Table 4: Context Fidelity Measurement

INPUTS/RESOURCES (FROM LOGIC MODELS)	MCVRC
Legal Staff Competencies	
• Understanding of victims’ rights laws (state and federal)	X
• Expertise in DV and laws re. Protective Orders	N/A
• Training and TA expertise	X
• Cultural sensitivity (measured by access to language interpretation resources on staff or via language line)	X
Social Work/Advocate Staff Competencies	
• Social work degree	
• Victim advocacy training	X
Trauma Informed Care Competencies	
• Formal training (e.g., neurobiology of trauma)	Some staff
• Informal training (sensitivity to clients’ situations)	X
Sufficient Financial Resources	
	X*
Sufficient I.T. Resources	
• Adequate CMS	X
• Ability to Modify CMS	With Difficulty
• Ability to Match Cases between Survey and CMS data	Partially; dependent on client providing info in survey
Formal Policies, Procedures, and Mechanisms	
• Intake/Needs Assessments	X
• Policies/Procedures for Service Delivery (formal/written or informal)	Some/In Progress
• Client Satisfaction Surveys (client feedback mechanism)	X
MOUs or Informal Agreements with Criminal Justice System Partners and other Victim Service Providers	
	X

MCVRC has intake/needs assessment mechanisms, policies and procedures, and client satisfaction surveys. Written policies and procedures manuals exist in various stages of formality. However, even where formal manuals may not exist, regular weekly and monthly meetings are held among staff to discuss case handling and ensure service consistency and quality, and staff consult closely with the executive director on all cases where there may be a question.

All sites keep detailed lists of partners at other victim services organizations and within criminal justice system partners for use in collaborating/advocating on behalf of victims and/or to whom they can refer victims for additional services, whether agreements with such partners involve formal MOUs or not. A crude measure of the presence such formal/informal arrangements can be found in the referral source (referrals in)/external referrals (referrals out) measures discussed above. None of our sites track the details of whom external referrals were

made to in an easily-extractable way in their CMSs, but the referral source measure will provide a record of partner organizations that provide the most referrals in.

Compliance Fidelity Testing

Compliance fidelity focuses on adherence to design elements and protocols, including proper level of client exposure to each step in services (called *dosage*; Mihalic et. al. 2004). Based on the pilot data collected, we assessed the *reporting* of whether key steps in the specified process flows for each site were consistently completed (basic compliance fidelity in preparation for the process evaluation), but true assessment of compliance/adherence and dosage will continue during the process evaluation as refinements to the data reporting processes continue.

Please note: for compliance fidelity assessment, it is important to recognize that the numbers of activities reported for each case were limited to those that occurred during the pilot test period itself. Therefore, these analyses should not be construed to mean that an activity in a case was not conducted if it simply occurred outside of the pilot test period.

To preliminarily assess the data collected and its usefulness for evaluating the consistency with which each clinic implements each step in their service provision process flow, Table 5 presents the percentages of cases in which each step was reported performed by staff. Table 5 provides additional explanations of the pandemic's effects on service delivery in each site based on the COVID-19 impact interviews. While these results are true to the data provided by MCVRC, they should be interpreted with caution for two additional reasons: (1) the COVID-19 pandemic has severely impacted the clinics' operations in the past year, and (2) the pilot test was also being used to test new data collection and reporting procedures. During this process, difficulties in reporting various measures were identified for resolution during the next phase (one of the purposes of doing a pilot test).

MCVRC is a slightly different type of organization than the other two project sites, in that providing legal services to crime victims is only part of what they do. Therefore, Table 5 breaks out their process flow columns into legal cases and advocacy/social services cases since the steps are not all the same. Unlike AVCV and OCVLC, MCVRC reported only cases that started during the pilot period. Therefore, Table 5 reflects all numbers that were able to be extracted from their CMS for the pilot test; their data difficulties to be resolved during the process evaluation were discussed previously.

Intake/needs assessment, information about rights, and client follow up were the most consistently-tracked process flow steps across both types of services (legal and social). Referrals in decreased during the pandemic, and the ability to make external referrals to complementary services was hampered by decreased availability in Maryland as it was in Arizona and Oregon during this period. The ability to keep clients notified during this period was also complicated by attorneys having to cover multiple jurisdictions/counties with resources reduced. An additional difficulty noted before was the need to be able to extract information about court representation and accompaniment, though the pandemic also severely constricted the number of in-person proceedings and the timeliness of proceedings. These issues will be examined in greater qualitative and quantitative detail during the process evaluation.

Table 5: MCVRC Pilot Period Compliance Fidelity Based on Reported Data

MCVRC Activity/Service	MCVRC			MCVRC Process Flow		COVID-19 Impact
	All Cases (N=337)	Legal Only (N=84)	Social Service Cases (N=253)	Legal Only	Social Service	
Referral In Received	16%	11%	18%	X	X	Referrals initially decreased. Then influx as courts started to re-open. Increase in calls due to financial hardship.
Intake/ Needs Assessment Performed	53%	39%	58%	X	X	Case reviews between advocates and attorneys continued via phone/email.
Informed of Rights	77%	63%	81%	Advocate/ Attorney	Advocate	
Informed of Legal Options	17%	35%	11%	X		
Provided External Referrals	50%	30%	57%	X	X	Advocates unable to connect with many external resources due to closure/reduced capacity.
Notified of Case Events	53%	38%	15%	X	X	Attorneys covered multiple jurisdictions; challenging to track victims and keep victims notified. Difficulty getting answers due to office closures and reduced services. Lack of victim notification thru VINE.
Followed up with Client	87%	90%	86%		X	
Compensation Application Help	6%	5%	6%		X	
Compensation Appeal Help	1%	5%	0%	Specialist		
Assist with Victim Impact Statement	3%	7%	2%	X	X	
Survey Sent (recorded in CMS)	36%	29%	38%	X	X	Surveys less of a priority due to other challenges.
Criminal Court Accompaniment	NR	NR	NR		X	Courts initially closed, all hearings → virtual or phone.
Civil Court Accompaniment	NR	NR	NR		X	90% court filings were done electronically via MDEC
Criminal Appearance Legal Rep.	NR	NR	NR	X		except Baltimore City & Prince George's County which still required paper filings in person.
Civil Appearance Legal Rep.	NR	NR	NR	X		Postponements/delays of jury trials. Increased need for advocacy to ensure victims' rights enforced.

As mentioned earlier, in the interest of limiting pilot site burden during the formative stage of this work, the number of implementation and outcome variables that sites were asked to report were purposely limited. That said, during the post-pilot focus groups, several pieces of implementation data were discussed for possible addition during the process evaluation. These include completing the letter of representation for legal clients; case review/case assignment; internal case collaborative meetings; legal research; filing of motions; communications with prosecutors, judges, and others; letter of disengagement/termination; and the separation of intake from needs assessment. During the early stages of the process evaluation, we will work with sites to determine which items we may build into future CMS extractions (e.g., LORs, separating intake from needs assessment, filing motions) or into the qualitative data collection with a sample of cases (e.g., collaborative processes, communication strategies with various parties, types of legal research [such as case precedents] and how applied).

All in all, MCVRC reported sufficient data to assess its usefulness for future compliance fidelity measurement. These data collections can be continued for the formal fidelity assessment during the process evaluation.

Competence Fidelity

Competence fidelity focuses on quality of service delivery, including whether staff deliver services with buy-in and skill, and whether clients were engaged and responsive to service efforts. Data to assess potential for a formal competence fidelity assessment came from document review and the site visits, and collection of an additional implementation measure was also attempted in the pilot test (whether clients remained engaged through the conclusions of their cases).

All staff exhibited an enthusiastic commitment to quality victim representation and service provision during their site visit interviews as they described the detailed processes each organization has developed to advocate effectively on clients' behalf. The executive director, attorney and advocate leadership, and I.T staff were highly engaged during development of the process flow and the selection of outcome measures. These individuals participated in multiple rounds of collaborative phone calls, providing active feedback in preparation for the pilot test. Using engagement with the pilot test as a crude proxy for staff commitment to service quality, not all line attorney and advocate staff at MCVRC participated in the training webinar, and for the post-pilot focus group, only the team leaders participated, whereas all staff from the other two sites participated actively in the training and the post-pilot focus group. Engagement of the evaluation team directly with all line staff at key moments is recommended for future phases to build relationships and encourage buy-in.

There was an attempt to collect data from each site on whether clients remained engaged throughout their cases and, if they ceased participation before case conclusion, why. AVCV and MCVRC did not report on this variable, stating that this is not information they track in an easily extractable way in their CMS. Alternate and more practical ways to capture sustained client engagement will be explored during the process evaluation, since two out of the three sites had difficulty reporting on this measure during the pilot test. Additional measures of the resulting quality of services may be gleaned from the client satisfaction surveys, discussed earlier.

Additional information was also gathered about the impacts of COVID on the quality of service delivery. Staff across the three sites mentioned that the shift of many proceedings and meetings to a virtual format has resulted in the ability to provide a more personal level of services to some clients located in parts of the state that are farther from the office. Furthermore, virtual proceedings enabled some clients who may have had difficulty traveling to court to participate more easily. While postponements and other criminal justice system difficulties during COVID-19 created frustration among some clients, staff reported that the forced changes enabled them to be creative in pursuing quality in service delivery.

Evaluability Assessment

Evaluability assessment (JRSA 2003) is used to determine whether a formal evaluation will be helpful for an organization. To make this determination, several practical questions must be answered. These include whether a number of key components will be possible to execute, a final assessment of available data (or potential available data), and what research designs might be possible using it. Answers to these questions are below.

1. ***Whether clinics can obtain outcome measures for existing clients.*** Outcome measures for existing clients may be obtained via client satisfaction surveys and, for outcomes tracked in the CMS (e.g., restitution secured), it may be possible to collect these data depending on how far back we can go after system modifications are made. In order to reduce burden, we do not recommend going back further than the pilot period.
2. ***Assess the ability to survey or interview clients at 1, 3, or 6 months after case completion.*** At this time, it is recommended to proceed with the normal post-case closure survey schedule due to sensitivity to client trauma. By the time a case concludes, most clients do not want to maintain further contact as it reminds them of their case. However, additional options will continue to be explored during the process evaluation.
3. ***Assess the ability to capture outcome variables tracked in case files or CMS.*** While most outcome measures tested came from the client survey, some outcome data were possible to extract from the CMS pertaining to compensation or restitution. Without the ability to search text fields in LegalFiles, however, even the ability to track those amounts was limited. This is further complicated by the fact that none of the sites receive outcome information from those petitions routinely. It may be possible to start tracking judgments, even if it is not possible to track whether the client received the payment.
4. ***Assess the ability to capture outcomes via staff interviews, focus groups, or questionnaires.*** This was possible during the formative evaluation and will continue.
5. ***Assess the agency burden to collect and report data and the feasibility of implementing such additional data collection.*** It is feasible for MCVRC to continue collecting and reporting evaluation data, with modifications during the process evaluation period to measures collected and to process and reporting mechanisms.
 - a. MCVRC did not record minutes per case reporting data, so time burden at the case level could not be calculated.
 - b. However, the financial burden gives more information about the potential burden of continued data collection implementation: MCVRC recorded 459 staff hours

spent on the formative evaluation, which includes 198 hours above the \$24,050 budget for which they could not bill. With the resolution of their I.T. difficulties to ease the burden of data reporting, it is hoped that this burden will then be reduced for future phases of the evaluation.

6. ***Whether informed consent procedures and structures could be put in place to obtain outcome data immediately following services and at some future point in time, such as 3 months or six months later.*** Informed consent language was implemented for the client satisfaction surveys. The ability to track longer-term outcomes is still in question, as sites do not want to lengthen the potential for re-traumatization for clients whose cases are completed. Organizational outcomes such as increased referrals as a result of a training or new partnership, or increases in success with certain types of motions based on case law established, may be possible over a longer period.
7. ***Whether a cost-benefit analysis would be feasible to conduct as part of a full evaluation.*** Initial burden related to the pilot test is noted above in item 5. Conducting a cost-benefit analysis of doing an outcome evaluation will be explored in the next phase.
8. ***Whether clinics are aware of other sources of data that can be used to measure outcomes.*** MCVRC was not immediately aware of any additional sources of data on victim outcomes that could be incorporated into an evaluation. Initial project team explorations of external datasets that might provide supplemental or contextual data to expand the analyses possible in an outcome evaluation were not fruitful, but will continue during the process evaluation. The difficulties lie in the ability to isolate legal services outcomes from general victim services outcomes in standard datasets such as the NCVS and similar collections.
9. ***Whether baseline measures may be collected.*** Baseline measurement will be a challenge, given that this is a well-established program that is not implementing new programming. That said, it may be possible to use data from the pilot period as a baseline for assessing practices before and after the pandemic forced adaptations in service delivery, such as changes in client meeting and court proceeding formats. Initial survey and CMS outcome data collected during the pilot may have the potential to serve as baseline measures for an outcome evaluation in the future.
10. ***Data Assessment:*** The details of the data assessment for each site were presented above, including the data they currently track, the format the data are in, whether/how much data the clinics can share for evaluation purposes given attorney-client privilege, and capacity to track additional data (tested via the pilot). Here, we discuss how the information learned might be applied to select a future outcome evaluation design.
 - a. We know that MCVRC has the ability to expand their data collection capability in LegalFiles in the future.
 - b. The burden that implementing new data collection would impose on the agency can be measured via time billed to the project for data collection activities and, secondarily, gathering information on the amount of time it takes each agency to report on individual data points. MCVRC was hopeful that after the Crystal Reports problems could be solved, extracting the data for evaluation would cause less burden to the agency.

Will an evaluation be useful at this time? Table 6 shows the completed Evaluability Assessment Checklist used to determine readiness of AVCV, OCVLC, and MCVRC for outcome evaluation. Items are divided into three categories: *Program Design*, *Information Availability*, and *Agency Context*. All items were marked as adequate (with a large “X”) if they are present now, or will be after resolution of identified issues during the process evaluation phase. Others for which there is some evidence, but that require further exploration, are marked with a small “x.” Items for which no evidence is yet present are left blank. The average standard across the sources used to create this matrix (see footnote) was that over 80% of criteria should be present for a site to be able to move profitably into a full evaluation.

Eight items are listed in the *program design* category. All but whether program targets are informed by baseline data are indicated to be present. As to item 3, the programs have identified steps to achieve desired outcomes as indicated by the conceptual model and the process flows, but it is not clear that they have numerical targets, such as numbers of clients served annually, as part of their program planning; therefore, this item is marked with a small “x.” Whether the theory of change is consistently described in program documents is also marked with a small “x” because, while the *spirit* of the theory of change *is* reflected, the theory of change itself was elucidated via the conceptual model process and is not yet incorporated into documentation. Sites may decide to do this after the process or outcome evaluation is completed.

The second category in the evaluability assessment checklist is *information availability*. All three sites have a data collection process in place for program targets and indicators, though it is being refined. Disaggregated data are available for all three sites, and reporting is set up that, by the end of the six month pilot test, all three sites could submit quarterly interim reports. These reports require further modification and resolving of some issues, but the capability is there. Data for baseline measures or control groups have not been identified, but possibilities for rigorous evaluation designs being explored are discussed above. Whether there is a complete set of program documents available is marked with a small “x” for all three sites, as some documents were undergoing revisions at the time of this writing.

The final category in the evaluability assessment checklist is *agency context*. The opportunity for the evaluation to influence program implementation is present in all three sites. Focus group participants from each site expressed enthusiasm for the potential of the new measures from the pilot test to inform their work. All sites had at least partial buy-in, and the project team plans to implement more frequent one-on-one conversations with line staff to build this buy-in during the quarterly fieldwork visits that will be central to the process evaluation. Key stakeholders are available to provide input and their collaborative approaches to victim service indicate that there is a process for stakeholder input to inform service delivery.

External factors can impact the evaluation, as the COVID-19 pandemic impacted this formative evaluation, and as funding reductions can also impact capacity to provide services and participate fully in the evaluation. For example, all three agencies have lost funding sources that must be replaced. For that reason, “adequate resources” is marked with a small “x” for all sites and resource levels will be monitored throughout the process evaluation.

As all sites met at least 85% of the criteria identified with either full or partial affirmative classifications, all three sites are recommended to move forward into the process evaluation and into preparation for outcome evaluation.

Table 6. Evaluability Assessment Checklist⁴

Program Design	AVCV	OCVLC	MCVRC
1. Does the program have a theory of change?	X	X	X
2. Do the organization’s program documents consistently describe the theory of change?	x	x	x
3. Does the program have identified targets and steps to achieve desired outcomes?	x	x	x
4. Are the program targets informed by baseline data or other evidence?			
5. Do the program targets include indicators of success?	X	X	X
6. Do views of program targets vary among different stakeholders?	X	X	X
7. Does the program design include a method for collecting views of stakeholders?	X	X	X
8. Is the program serving its intended population(s)?	X	X	X
Information Availability	AVCV	OCVLC	MCVRC
9. Is a complete set of program documents available?	x	x	x
10. Do baseline measures exist?			
11. Are there data on a control group?			
12. Is there a data collection process for program targets and indicators?	X	X	X
13. Are disaggregated data available?	X	X	X
14. Are interim reports collected?	X	X	X
Agency Context	AVCV	OCVLC	MCVRC
15. Are there sufficient resources (time, fiscal, personnel, IT, partnerships) for the program duration?	x	x	x
16. Is there opportunity for the evaluation to influence program implementation?	X	X	x
17. Are key stakeholders available to provide input?	X	X	X
18. Is there a process for using stakeholder input to inform program implementation?	X	X	X
19. Can external factors (political, climate, security, etc.) impact the evaluation?	X	X	X

X (Capital X) = Present and sufficient

x (Lower case X) = Present, but requires further exploration during the process evaluation to determine sufficiency for outcome evaluation.

Blank entry = Not yet identified, but will be explored further during the process evaluation.

⁴ Adapted from May (2021), the United Nations Programme Development (UNDP) Independent Evaluation Office (2019), the Department for International Development (Davies, 2013), and Jones (2013).

Discussion and Recommendations for Next Phase

Final Measures Recommended for Next Phase

As a result of the pilot test, a number of recommendations for measures that worked well and revisions to others rose to the surface. Tables 7 and 8 below summarize the implementation (CMS) and outcome (mostly survey) measures recommended for ongoing use in the process evaluation. Whether analyses can be conducted at the case level, particularly related to matching surveys to cases in each site’s CMS, or solely by crime type will continue to be explored during the process evaluation. Case matching can be important to analyzing whether clients receiving different levels or quality of service may tend to have different outcomes; however, aggregate outcomes across subgroups can also provide rich information about program success.

These are the recommendations made across all three sites; solutions may be individualized to MCVRC’s environment as needed.

Table 7: Recommended Implementation Measures for Next Evaluation Phase

Implementation/CMS Measures	Proposed Changes/Improvements
Reason for Contacting	Add'l training/Modify CMS to capture, reduce error, and eliminate need to manually extract from free-text case notes.
Type of Victimization	Add'l training/Modify CMS as above.
Referral Source	Add'l training/Modify CMS as above.
Representation Issue	Add'l training/Modify CMS as above.
If rights enforcement, which right?	Add'l training/Modify CMS (radio buttons for multi-select option)
Conduct thorough victim intake and needs assessment	Separate Intakes from Needs Assessments
Client remained engaged throughout case	Change language: "Did clients cease participation before the case was concluded?"
Inform about rights	No change
Inform about legal options	No change
Provide external referrals	Investigate ability to track where clients are referred
Notification about case events (pretrial, trial/ plea, sentencing, appeals, release)	Examine usefulness/feasibility of disaggregating by type across sites.
Criminal court appearance	No change
Civil court appearance	No change
Protective order filed	No change
Protective order appealed/ extended	No change
Protective order enforced	No change, but add "Protective Order Modified" as new item
Criminal court accompaniment	No change
Civil court accompaniment	No change
Follow-up/check in	No change

Implementation/CMS Measures	Proposed Changes/Improvements
Compensation claim filed	No change
Compensation claim appealed	Omit for OCVLC
Help with claiming restitution	No change
Assist with impact statement	No change
Survey sent	Improve ability to capture from SurveyMonkey or CMS, depending on method of survey recruitment (customized or generic link, depending on site)
Survey response collected	Drop unless full case matching possible
Activities to Add:	Discuss feasibility of adding some or all of the following, suggested by OCVLC: drafting and filing legal documents, legal reviews, protecting clients' records, proactive litigation, providing emotional support to clients, communicating with other legal parties (e.g., defense, prosecution), and conducting case-specific research.
For all Implementation Measures:	
Format (Virtual, Phone, In-Person)	Add auto-sum function to reporting spreadsheet (for those transcribing numbers) to reduce error <u>or</u> have IT add these fields to CMS to facilitate automation.
Time Spent recording data/on activity	Add hours spent providing each service to future data collections for sites where practical (AVCV collects, OCVLC does not). Convert from minutes to hours for easier integration with current practice.

Table 8: Recommended Outcome Measures for Next Evaluation Phase

Conceptual Model Concept	Proposed Changes/Improvements
New Outcome Measures	
Victim reports feeling their views were represented	No change
Victim has financial & resource losses minimized	Add measures to collect data on activities related to assisting with applications and addressing issues (e.g., filing memos, attending restitution hearings). Knowing the amounts actually collected is rare; perhaps ask in survey instead of extracting from CMS.
Increased trust in legal system to operate fairly	The Court Empowerment Scale performed better than asking simply, "Are you more likely to report crime?" Implement the scale going forward.
Victim reports having/understanding available legal options	No change
Survivors and families reintegrated into the community and feel supported	Asking "Do you have an improved support system?" performed better than the Social Support Scale in the survey. Keep single question, drop the scale.

Modified Outcome Measures	
Empowerment & self-efficacy	Cut the Self-Efficacy scale and go with the single question, "Do you feel more self-sufficient?" Safety questions also performed well, with MCRVC's single safety question performing better than AVCV's series of three questions.
Victim reports understanding their rights	No change
Victim receives services tailored to their expressed needs	Add measures to better inform improvements in service delivery (e.g., reason for dissatisfaction, how staff could have better assisted, what a better experience would have looked like for that client) for MCVRC
Victim receives outcome they perceive as just	No change
Policy/practice in place among partners for victim support referrals	Evidence of networks in place via reporting of referrals in/referrals out and formal MOUs/Informal agreements. More detailed information needed on MOUs. Organizations to whom a client was referred are not easy to extract from CMSs as they are in non-searchable free-text files, if recorded.
Communities are educated about victims' rights and options to seek assistance	Information collected on trainings and outreach; modify "referrals in" variable, if possible, to be able to attribute referrals to a specific training or outreach event.

Process Evaluation

Results from this formative evaluation will be used to inform the next two phases of evaluation. The process evaluation, which is the next phase, will consist of deep, qualitative data collection entailing two main parts: in-person direct observation of services where attorney-client privilege is not an issue (observing public proceedings), and detailed activities journals provided by the attorneys (for information where attorney-client privilege prevents direct observation). It will also include continued refinement and implementation of the data reporting launched in the pilot test.

Proposed Outcome Evaluation Research Design

After the process evaluation is completed, the results of the formative and process evaluations will be used to create an outcome evaluation design with the greatest chance of success for the three programs. It is understood that random assignment of crime victims into different service tracks is not considered ethically possible in many victim services environments. This is true for the rights enforcement clinic environment as well; no site felt comfortable denying a service to a client in crisis if the client needs it for the sake of research or random assignment. All sites also communicated the difficulties that might be involved with collecting outcome data for clients who may have been referred to their clinics, but opted not to contact them, such as the availability of data from prosecutors' offices, the ability to survey non-users of services, and the fact that those clients might not be comparable to each other (self-

selection bias). Furthermore, there can be difficulties maintaining the integrity of the evaluation design in a randomized control trial (RCT) when there are possibilities for differential attrition (one type of client may be more likely to cease participating in their case through conclusion than another) or cross-group contamination (individuals in one treatment group may influence the behavior of individuals in another treatment group).

These are well-established clinics for many years that are not implementing a program from scratch. That said, the COVID-19 pandemic presented an external shock to the way services are provided, and to the criminal justice system itself, that could not have been predicted at the outset of this project. Adaptations have resulted in a greater shift, for example, to more frequent use of virtual proceedings and technological adaptations to client meetings, or to innovations that ensure confidential conversations between victims' attorneys and clients may still occur during otherwise public Zoom hearings. Besides simply creating challenges, the shift to virtual formats also provided benefits, such as greater access for some clients that might otherwise have difficulty traveling to an in-person hearing.

The ability to examine the effects of these changes over a longer period of time will be explored during the process evaluation. While the pilot tests had to be implemented after clinics had a chance to move past the first shock of nationwide lockdowns, the ability to use VOCA reports and other previously-collected grant data to retroactively construct baselines on at least some measures will be explored.

Therefore, careful assessment to determine the most rigorous quasi-experimental evaluation design possible is the next step. Alternatives under consideration include, but are not limited to:

1. *Quasi-experimental designs using procedures that can achieve a high degree of equivalency without random assignment.* Propensity score matching may be one such option if the unit of analysis is the individual, or matched comparison groups may be used if client privacy concerns necessitate grouping of victims by crime type. All clinics report client demographic information for their VOCA grants that we could use for matching purposes.

Options in this category may be explored using each rights enforcement clinic as a comparison site for the others; AVCV and OCVLC might be compared in a most similar design on their rights enforcement services, even if their non-legal advocacy functions are structured differently, whereas MCVRC might be used as a contrasting, most-different case given their larger size and their larger emphasis on holistic victim services. Because each site's environment, approach, and scope of services is different, outcomes could be evaluated to generate information on common service elements that generate the greatest increases in key performance metrics after accounting for differences in environment and populations served.

2. *Interrupted time series designs*, where aggregate outcomes are examined before and after implementation of any change to services, such as COVID-related adaptations. Given

some of the data limitations with our sites, such as limits to the ability to match all surveys received to their corresponding cases in the CMS data, this may be a good option. Within an interrupted time series design, procedures such as propensity score matching or matched comparison groups and use of the three sites as comparisons for each other would also be employed as described above under quasi-experimental designs. A difference-in-difference approach within the interrupted time series framework might be used to facilitate those comparisons.

3. *Pre-test, post-test designs.* If neither of the above evaluation designs are feasible, a simple pre-test/post-test design may be explored in which individuals whose cases began before implementation of a change in service provision (such as COVID adaptations) are compared to those that began afterward.

Usefulness of this Research

For MCVRC

The most important use of evaluation data is to inform practice, and it can be difficult to make the connection between data collected and reported—especially numerical data—and practice, when the true impact of services is more easily seen in one-on-one interactions with victims than in information collected by ‘ticking boxes.’ Through the pilot test process with the new measures, it is hoped that the data collection implemented can help MCVRC provide additional important information to stakeholders about trends in service delivery, victim outcomes, and achievement of meaningful objectives, as well as be of use to MCVRC in its efforts to foster an environment of continuous improvement. Such benefits include:

- Adjusting standard performance measures data (numbers of activities performed, as reported for VOCA) to provide more detail on desired outcomes from the conceptual model. Then, by comparing them against MCVRC’s carefully designed procedures and assessing real-life fidelity (faithfulness) to those procedures; via the initial fidelity measurement conducted here that will continue during the formal process evaluation, this fidelity measurement should provide MCVRC a tool by which areas where deviation from best practices may be identified and corrected.
- Re-designing some survey questions to generate more variety in responses. Doing this can generate useful information about trends in victim outcomes that can supplement the free-text responses that MCVRC values. The ability to measure these trends and tie them to program activities can inform internal program design and increase the ability to demonstrate MCVRC’s value to funders, boards of directors, criminal justice and victim services partners, legislators, and the community. MCVRC may wish to explore keeping its survey shorter, but more strategically focused; average per-question response rates to later questions decreased as the survey went on. The evaluation team can continue to work with MCVRC to refine the survey for even greater utility and higher response rates (survey and per-question).

- By basing data collection and measurement on a conceptual model of best practices and a logic model based on the goals and theory of change defined in the conceptual model, MCVRC can meaningfully measure progress against its stated mission and goals, and provide further evidence to stakeholders of this progress.
- And, as demonstrated during the pilot test, measuring progress against that model can serve as a guide when external factors may disrupt “business as usual” (e.g., the COVID-19 pandemic). When the methods and strategies of service delivery must change, remaining focused on defined goals and the metrics to measure them can guide those adaptations to ensure continual progress, even if that progress is met with challenges along the way.

These benefits can be of value not only to MCVRC, but to the field of victims’ rights enforcement across the country.

Theoretical Contributions

This project synthesized previous research and input from a variety of legal service provider and crime survivor stakeholders to create a needed conceptual model and theory of change for victim legal services that has so far been lacking in the field. Like Cris Sullivan’s (2016; 2018) conceptual model for domestic violence victim services, our conceptual model for victim legal services provides a framework that researchers and practitioners can use to test hypotheses (in general research) and program effectiveness (in evaluation), where only more general studies about the impact of legal services for victims existed before. While the “road test” of this model for victims’ rights enforcement clinics is still set to continue during the process and outcome evaluations, this research demonstrated how the conceptual model can be operationalized for specific programs, built out into a logic model, and implemented in practice.

Contributions to Evaluation

Through the creation and application of the conceptual model through this formative evaluation, several issues were identified that evaluators should be mindful of when evaluating any victim legal services clinic. These include legal privacy concerns, such as how to collect data for program evaluation at the client level while still maintaining attorney-client privilege, which may be less of a concern in other victim services fields. Other issues common to all formative evaluations include the need to assess the cultural readiness of an organization to make use of, and participate in, an evaluation; staffing and available resources to do so; and IT issues.

Lastly, since March 2020, almost every facet of life has been touched by the COVID-19 pandemic; the clinics in this project, the evaluation, and the criminal justice system writ large are no exceptions. Additional external factors to be mindful of are related to ongoing criminal justice reforms. For instance, efforts to reduce prison populations, such as via compassionate releases of offenders, should not ignore victims’ rights. In an effort to protect victims in these circumstances, advocacy work, amicus briefs, and even filing for injunctions may become more prevalent in the work of rights enforcement clinics.

However, despite such external disruptions that were not thought of at the time it was created, the conceptual model provides a basis for creating logic models, programs, and

evaluation designs—even during challenging and changing circumstances. In this project, it provided the bellwether for charting how to measure impacts in the new COVID and criminal justice reform environments: do the same outcomes and objectives still apply, and how do organizations go about achieving the same objectives for clients in radically changed or changing systems? All three clinics emphatically declared that their desired victim, community, and system outcomes did not change; the challenges were related to how they needed to adapt to achieve them. Hence, the model still held during times of difficulty.

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