



***ADDRESSING FAMILY VIOLENCE IN CONNECTICUT:  
STRATEGIES, TACTICS AND POLICIES***

***STUDY BRIEFING  
September 21, 2015***

# STUDY COMMITTEE

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# RESEARCH TEAM

## Study Manager

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# ACADEMY MEMBER REVIEWERS

- **Victor Hesselbrock, PhD**, Professor and Vice Chair, Department of Psychiatry, Health Net, Inc. Endowed Chair in Addiction Studies, UConn Health Center
- **Fred Volkmar, MD**, Irving B. Harris Professor in the Child Study Center and Professor of Pediatrics, of Psychiatry and of Psychology, Yale School of Medicine

# STUDY COMMITTEE MEETINGS: *Presenters*

- Beverly Fortson, PhD, Centers for Disease Control: *Prevention of Child Maltreatment and Maltreatment-Related Deaths*
- Amy Holtzworth-Munroe, PhD, Indiana University at Bloomington: *Background on Typologies and Current Trends/Research*
- David Martin, King County Prosecuting Attorney, State of Washington: *Best Practices – Offender Treatments and Procedures*
- Douglas Marlowe, JD, PhD, National Association of Drug Court Professionals: *Offender Typologies*
- Christopher Eckhardt, PhD, Purdue University: *Assessment of Anger and Hostility*
- Joan Kaufman, PhD, Yale School of Medicine: *Addressing Family Violence*
- Michelle Riordan-Nold, Connecticut Data Collaborative: *Use of Data for Planning and Decision-Making in Connecticut*
- Mary Painter and Linda Madigan-Runlett, Connecticut Department of Children and Families and Susie DiVietro, PhD, Injury Prevention Center: *Domestic Violence Policies/Programs/Strategies*

# STUDY COMMITTEE MEETINGS: *Presenters (cont.)*

- Dorian Long, Connecticut Department of Social Services, Nancy Shaffer, State Long Term Care Ombudsman, and Marie (Mimi) Peck-Llewellyn, Connecticut Department on Aging: *Elder Abuse in Connecticut & Adult Protective Services*
- Connecticut Domestic Violence Prosecutors and Family Resource Counselors: *Family Violence in Connecticut Courts*
- Thomas McMahon, PhD, Yale School of Medicine and Connecticut Mental Health Center – Young Adult Service: *Intimate Partner Violence During Emerging Adulthood: Questions About Policy, Research, and Practice*
- Catina Caban-Owen, PhD, Windham Task Force: *Windham Task Force to Prevent Child Abuse and Neglect*
- Study Manager and Committee Members:
  - ❖ Caroline Easton, Rochester Institute of Technology: *Effect of Family Violence on Children; Offender Treatments Across the US: Evidence-Based Care Models*
  - ❖ Carla Smith Stover, Louis de la Parte Florida Mental Health Institute, University of Florida: *Integrated Parenting Interventions for SA/IPV*
  - ❖ Zeinab Chahine, Casey Family Programs: *Child Maltreatment/Fatalities: Policy and Research, and Overlap With Family Violence*

# STUDY BACKGROUND

- **There is concern among the general public and the state's leadership regarding family violence/intimate partner violence (IPV) perpetrated by adults and adolescents in Connecticut, as well as across the United States**
- **Efforts to reduce family violence are numerous, but many standard interventions to accomplish this goal achieve minimal benefits**
- **Of particular concern is the impact of such violence directed at women, children and elders**
- **The issues and challenges that need to be addressed to identify effective research-based solutions to successfully reduce violence are known to be complex with positive outcomes difficult to achieve**

# STUDY PURPOSE

- **Identify strategies, tactics and policies that can be employed in Connecticut to reduce the incidence of family violence perpetrated by adults and adolescents by targeting the common causes of violence**



## BRIEF STATEMENT OF PRIMARY CONCLUSION

- **Family violence continues to be an escalating and pervasive public health problem in many societies across the world**

**In Connecticut there were approximately 20,000 family violence arrests in 2012**

**A high percentage of these arrests included:**

- ✓ *Minor physical injuries to women*
- ✓ *The presence or involvement of children in the family violence incident*
- ✓ *Noted involvement of a weapon and/or substance use*

## BRIEF STATEMENT OF PRIMARY CONCLUSION (2)

- **The literature indicates that children who witness abuse in their home are at risk of becoming a victim or an offender into their adult years with co-occurring behavioral health disorders and medical problems**
- ✓ ***Family violence is a multi-generational problem that needs serious attention***
- ✓ ***Family violence is no different than other contagious diseases***
- ✓ ***Family violence tends to be passed on as a negative contagion within the family from one generation to the next and it is pervasive***

## BRIEF STATEMENT OF PRIMARY CONCLUSION (3)

- The side effects include numerous behavioral health problems including drug use, depressive disorders, anxiety disorders and illegal behavior, among others
- Each of these negative sequelae are also costly to the family and society — with family violence serving as a breeding ground for mental illness and addiction

## BRIEF STATEMENT OF PRIMARY CONCLUSION (4)

- In the United States, the estimated economic cost of IPV (*e.g., physical assault, sexual assault and stalking*) exceeds ***\$5.8 billion each year***
  - ✓ ***\$4.1 billion*** of the cost of the consequences of IPV is directly related to medical and mental health care services
  - ✓ nearly ***\$0.9 billion*** is due to lost work productivity of victims and offenders

## BRIEF STATEMENT OF PRIMARY CONCLUSION (5)

- Current research indicates that the *“one size fits all” treatment as usual approach has been costly and ineffective*
- Moreover, the research community has called for IPV intervention reform and highlighted the *need to utilize treatment approaches grounded in science and theory and/or empirically supported treatments* rather than adherence to unsubstantiated etiological models or old standards of treatment

## BRIEF STATEMENT OF PRIMARY CONCLUSION (6)

- Although the direct cost of tailoring treatments to make them client-centered to address the complex treatment needs of the offender and/or family will *appear more expensive* than the traditional large treatment group settings, treatment outcomes will *actually* improve and lead to *an overall* cost savings; and *hence, be more cost effective*
- *The goal* is to prevent family violence from being passed from one generation to the next, with a focus on creating a healthy home to reduce violence

# THE STUDY REPORT

- **Executive Summary**
- **Introduction**
- **Review of Relevant Literature**
- **Data Mining: Connecticut Family Violence Data**
- **Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies**
- **Focus Group Session: Summary**
- **Recommendations**

# Chapter 1: Introduction

- **1.1 Study Description**
- **1.2 Study Committee Activities & Research Methodology**



# Chapter 2: Review of Relevant Literature

## ➤ 2.1 International, National and Connecticut Statistics Regarding Family Violence

- ✓ **1 out of 3 women are physically or sexually assaulted by an intimate partner. This statistic is observed internationally, nationally and across the state of Connecticut**
- ✓ **Evidence-based approaches to treat offenders are lacking across the globe**
- ✓ **Family Violence is contributing to the burden of disease worldwide!**

# Chapter 2: Review of Relevant Literature

- **2.2 Effects of Family Violence on Adult Victims and Children**
  - ✓ **The direct side effects from Family Violence include addiction, trauma, depression, anxiety, criminal behavior, medical complications, loss of income, decrease in school performance, school drop outs, conduct disorder, juvenile delinquency**

# Chapter 2: Review of Relevant Literature

## ➤ 2.3 Risk Factors

- ✓ Drug and alcohol addiction, co-occurring and psychiatric disorders, poverty, lack of treatment, family history of violence

## ➤ 2.4 Vulnerable Populations

- ✓ Individuals with an alcohol or drug addiction
- ✓ Individuals with trauma
- ✓ Veterans

## ➤ 2.5 Treatments for IPV

- ✓ Duluth/Duluth Derivatives, Cognitive Behavioral Therapy, Integrated Case Models, Behavioral Couples Therapy, Pharmacotherapies

# Chapter 2: Review of Relevant Literature

## ➤ 2.6 Clinical Implications and Future Directions

- A high percentage of male adult offenders of IPV witnessed family violence and/or were abused in their home as children
- Integration of care models, grounded in science, are needed to treat IPV and co-occurring behavioral health disorders
- The US Health Care Reform Act initiatives highlight the need for this newer system of care
- Treatment outcomes are likely to improve as the standards of care improve

# Chapter 2: Review of Relevant Literature

- **2.6 Clinical Implications & Future Directions: Actions**
  - ✓ **Improve diagnosis of the offender by using comprehensive and reliable assessments, targeting psychiatric-related problems**
  - ✓ **Provide clinically indicated treatments for addiction and mental illness among offenders, matching to client centered approaches that are grounded in evidenced-based care**
  - ✓ **Teach specific coping skills such as healthy conflict resolutions, healthy communication skills**
  - ✓ **Increase accountability of those treating offenders (licensed, credentialed professionals within psychiatric settings, on-going trainings, supervision)**
  - ✓ **Limit the number of offenders in a group psychotherapy treatment (*e.g., under 10*)**

# Chapter 3: Data Mining

## Connecticut Family Violence Data

### ➤ 3.1 Specific Rates of Family Violence

The top 3 most prevalent family violence arrests were

- ✓ Disorderly Conduct (41.1%)
- ✓ Assault (29.6%)
- ✓ Breach of Peace (15%)

*Extracted from the Connecticut Department of Emergency Services and Public Protection, Division of State Police, Crimes Analysis Unit, Family Violence Detailed Report - 2012*

# Chapter 3: Data Mining

## Connecticut Family Violence Data

### ➤ 3.1 Specific Rates of Family Violence

- ✓ 35%: Victims Obtained Minor Physical Injuries
- ✓ 65%: Arrests Involved Use of Other Objects as Weapons, Rather than a Gun and/or Knife
- ✓ 37%: Involved Drugs/Alcohol
- ✓ 19%: Previous/Current Protective Orders Issued
- ✓ 15%: Incidents in which a Child was Involved
- ✓ 19%: Incidents a Child was Present
- ✓ 62%: Female Victims

*Extracted from the Connecticut Department of Emergency Services and Public Protection, Division of State Police, Crimes Analysis Unit, Family Violence Detailed Report - 2012*



# Chapter 3: Data Mining

## Connecticut Family Violence Data

### ➤ 3.2 Specific Rates of Family Violence by Age Range

#### Elder Abuse

- ✓ 4%: Elder victims (*age 60 years old above*)
- ✓ 2%: Elder offenders

#### Juvenile and Emerging Adult Offending

- ✓ 6%: Juvenile victims (*16 years old and under*)
- ✓ 4%: Juvenile offenders
- ✓ 18.5%: Emerging adult victims (*ages 17-24*)
- ✓ 20%: Emerging adult offenders

#### Ages 25-59

- ✓ 58% victims
- ✓ 55% offenders



# Chapter 3: Data Mining

## Connecticut Family Violence Data

### ➤ 3.3 Issuance of Protective & Restraining Orders: 2013

#### Protective Orders: 26,521 issued with the following characteristics

- ✓ 70% Women
- ✓ 70% White, 24% African American, 21% Hispanic
- ✓ 10% Reported 1 or > Children in the Home
- ✓ 10% Granted Custody of the Child
- ✓ 5% Possess Flag
- ✓ 2.7% Permit Flag
- ✓ 1.8% Ammo Flag

*NOTE: U or Null, N=10,922 Cases as Unknown Weapon/Possession/Permit*

#### Restraining Orders: 5,238 issued with the following characteristics

- ✓ 80% Men
- ✓ 58% White, 18% Black, 21% Hispanic
- ✓ 91% Receive Restraining Order Once Applied
- ✓ 50% Receive Restraining Order Beyond 14 days

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

- **4.1 Connecticut General Statutes: Family Violence Diversionary Program**
  - ✓ **Statutes related to Family Violence prevention for individuals arrested detailed in Conn. Gen. Stat. Section 46b – 38a**
  - ✓ **The statutes state that there shall be a pretrial family violence education program for persons charged with family violence crimes**
  - ✓ **Family violence education programs are large classroom settings that are psychoeducational**
  - ✓ **Standard of care is a Duluth Model/Duluth Derivative**

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

- **4.2 Connecticut Judicial Branch, Court Support Services Division (CSSD) Family Violence Education Programs**
  - ✓ Provides oversight and support for three court mandated Family Violence Education Programs
  - ✓ Commissioned a study to evaluate program effectiveness
    - ❑ The study was quasi-experimental, and lacked appropriate assessments and **an appropriate control group**
  - ✓ The literature in general shows a lack of effect with this model of care

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

- **4.3 Connecticut Public Act 10-144, 2(F): Electronic Monitoring of Offenders Pilot**
  - ✓ **Pilot implementation in October 2010 – March 2011**
  - ✓ **Hartford, Danielson, Bridgeport**
  - ✓ **CSSD reported the pilot findings as promising, with no plans for expansion due to cost of the program and increased staff effort**

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

- **4.4 Lethality Assessment Program: History of the Program and Implementation in Connecticut**
  - ✓ As of March 6, 2015, 45 of Connecticut's 110 law enforcement agencies have implemented
  - ✓ Data suggests LAP is effective and is linking victims of IPV to advocacy hotlines and IPV treatment
  
- **4.5 Connecticut Judicial Branch: Specialized Domestic Violence Dockets**
  - ✓ Specialized docket which handles criminal cases involving family violence. Goal is victim safety and offender accountability
  - ✓ Communication of care is systematic, consistent and specific to IPV offenses, the law and treatment matching

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

- **4.6 Connecticut Department of Children and Families: Programming**
  - ✓ **DCF organized the Office of Intimate Partner Violence and Substance Use Treatment in 2013**
  - ✓ **In 2014 committed to broadening the continuum of services to meet the diverse needs of the community including implementing newer models of care that are integrative and systematic**
  - ✓ **Program evaluations and treatment outcome studies in progress**

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

- **4.7 Connecticut General Statutes: Diversionary Statute for Addiction (17A-694) and Related**
  - ✓ Research suggests that substance dependent offenders are complex, **including high rates of family violence, and** need specialized and evidence based treatments
  
- **4.8 Prevention Programs and Strategies**
  - ✓ Promising practices in public health mass media campaigns, with more research on the effectiveness of mass media campaigns needed
  - ✓ CCADV began running PSAs in large Connecticut urban districts in October 2014. No data available at this time but CCADV anticipates an increase in hotline calls

# Chapter 4: Connecticut's Current Family Violence Legal Practices, Prevention Programs, and Strategies

## ➤ 4.8 Prevention Programs and Strategies

- ✓ **Windham Task Force to prevent child abuse and neglect with a focus on increasing public awareness and generating ideas and action steps for solutions**
  - ❑ **Effort to date includes 30 PSAs, participation in two morning radio programs and two televised programs, and 117 opinion surveys**
  
- ✓ **Office of Early Childhood – Nurturing Family Network Home Visiting Program**
  - ❑ **Promotes positive parenting and reducing the incidence of child abuse and neglect**
  
  - ❑ **Studies on the effectiveness of these programs in Connecticut is needed**



# Chapter 5: Focus Group Session - Summary

## ➤ 5.1 Session Purpose and Discussion Themes

- ✓ Identify front line experts to learn what is working and areas in need of improvement in Connecticut's approaches and systems of care

## ➤ 5.2 Session Participants

- ✓ Criminal justice system: Public defenders/prosecuting attorneys, CSSD family relations staff, victim advocates, state police officers
- ✓ Clinicians: Department of Mental Health and Addiction Services and Department of Children and Families

# Chapter 5: Focus Group Session - Summary

## ➤ 5.3 Focus Session Key Findings

- ✓ **Need more evidenced-based treatment programs for addiction/mental illness**
- ✓ **Need more system-level communication to facilitate and integrate care for victims, offenders, and families**
- ✓ **Need more training, on-going training, and supervision for clinicians, attorneys, judges, emergency room and medical staff**

# Chapter 6: Recommendations and Concluding Remarks - Overview

- **6.1 Clinical**
- **6.2 Prevention**
- **6.3 Pilot Demonstration Project:**
  - ✓ **Recommendations Pertaining to Future and On-going Effectiveness Studies of Connecticut's Family Violence Intervention Programs**
- **6.4 Concluding Remarks**

## RECOMMENDATIONS: *Clinical*

### ➤ TRAINING, EDUCATION, AND SUPERVISION

- ✓ Require license/qualifications/training and supervision for clinicians providing care to offenders. Moreover, ongoing training and supervision should be available to clinicians who treat offenders
- ✓ Train frontline clinicians (*i.e., social workers, clinical psychologists and psychiatrists*), judges, attorneys, EMTs, ER medical staff regarding offender treatment needs with a focus on coordination of care and ongoing communication of care/judicial involvement
- ✓ Consider Bridgeport's specialized domestic violence docket and model for diversion as a training guide for other Connecticut courts

## RECOMMENDATIONS: *Clinical (2)*

### ➤ **EVALUATION OF FAMILY VIOLENCE TREATMENT NEEDS AND RISKS**

- ✓ **Assess treatment needs for the family when children are involved and integrate parenting approaches and treatment needs for the child**
  - ❑ **For example integration of care models and the Multisystemic Therapy approach for the entire family if clinically indicated — such as no protective orders and no severe violence**
  - ❑ **Examples of when this is clinically contra-indicated occur when protective orders limit the contact between offender and victim and/or children and in situations of severe violence**

## RECOMMENDATIONS: *Clinical (3)*

### ➤ **STANDARDIZED FAMILY ASSESSMENTS**

- ✓ **Screen IPV men for mental health and substance-related disorders with evidenced-based assessments that are standardized, widely used and relevant to treatment**
- ✓ **Match offenders with co-occurring behavioral health and addiction with appropriate evaluation and treatment via licensed mental health providers (one size does not fit all)**
  - ❑ **Psycho-educational approaches (FVEP/EVOLVE/EXPLORE) may be clinically contraindicated**

# RECOMMENDATIONS: *Clinical* (4)

## ➤ STANDARDIZED FAMILY ASSESSMENTS

- ✓ Provide a thorough evaluation of the type and frequency of IPV as well as the level of risk and treatment needs and typologies suggestive of treatment prognosis
  - ❑ Low- and high-risk offenders should not be treated in the same group therapy
  - ❑ Research shows that treatment should be risk-relevant and appropriate
  - ❑ High-risk offenders have more favorable treatment outcomes with more frequent court visits and judicial oversight
- ✓ Assess multiple domains of social and functional impairment in men and women with co-occurring substance abuse and domestic violence

## RECOMMENDATIONS: *Clinical (5)*

### ➤ EVIDENCE-BASED, SCIENCE-INFORMED INTERVENTIONS

- ✓ Consider both pharmacological and evidence-based behavioral treatment interventions as offenders of IPV often have complex and multiple behavioral health treatment needs beyond educational approaches
- ✓ Consider alternative treatment goals designed to motivate offenders, such as motivational enhancement therapy, to reduce alcohol and or drug use as a form of harm reduction when offenders are struggling to abstain from alcohol and/or drug use



## RECOMMENDATIONS: *Clinical (6)*

- **EVIDENCE-BASED, SCIENCE-INFORMED INTERVENTIONS**
  - ✓ **Use Integration of Care Models that increase the likelihood of treatment engagement and success. Assigning offenders to both educational programs and behavioral health treatments at multiple agencies is not effective**
  - ✓ **Require standards for the number of offenders treated within a group therapy approach. The US Department of Veterans Affairs sets a limit of 3-5 offenders per group as clinically appropriate**
    - ❑ **Large classroom settings for offenders (*e.g., greater than 10 offenders per group*) with multiple behavioral health treatment needs are not clinically indicated (SAMHSA 1999)**

## RECOMMENDATIONS: *Clinical (7)*

### ➤ EVIDENCE-BASED, SCIENCE-INFORMED INTERVENTIONS

- ✓ Families with children, drug/alcohol involvement, any weapon use, or physical injuries should be considered
  - For immediate treatment engagement
  - With each family member having treatment planning
  - With little to no delay in access to care and wrap-around family violence treatment services
  - Homes with children should be considered high need for services

# RECOMMENDATIONS: *Prevention*

## ➤ PUBLIC HEALTH ANNOUNCEMENTS

- ✓ Utilize the literature to identify the variables that lead to effective public health announcements
- ✓ Develop, implement, disseminate and monitor public health announcements to prevent family violence in the home
  - ❑ Monitor the effectiveness of a public health announcement in increasing victim and/or offender referrals to family violence hotlines for linkages to treatment
  - ❑ Evaluate the relationship of public health announcements to any changes in the number of calls and/or linkages to services (*e.g., which public health announcements led to calls and linkages*)

# RECOMMENDATIONS: *Prevention (2)*

## ➤ PROGRAMS

- ✓ **Conduct a quantitative evaluation of the state's family violence prevention approaches, including DCF/IPV Programming and OEC/Nurturing Families Network, to determine their effectiveness at reducing family violence, including**
  - ❑ **Analyzing risk and need assessment tools used to determine victim and offender eligibility for intervention and prevention services**
  - ❑ **Determining priority for providing services to victims and offenders based on level of risk**
  - ❑ **Assessing treatment outcomes by comparing victims and offenders receiving services to those not receiving services (*e.g., new victims and offenders who are referred and complete services versus new victims and offenders who are referred and do not attend and/or complete services*)**

# RECOMMENDATIONS: *Prevention (3)*

## ➤ OFFENDER EVALUATION

- ✓ Conduct a quantitative evaluation of recidivism rates of family violence offenders who have been incarcerated and received family violence treatment(s) while incarcerated or as a condition of their release

## RECOMMENDATIONS: Research and Evaluation *Framework*

- State should develop the capacity to conduct ongoing research and evaluation of family violence prevention policies, programs and strategies through use of a multi-agency framework
- The overriding goal of this effort should be to ensure that the most effective treatment approaches are employed to reduce family violence as well as the overall cost of family violence to the state
- Office of Policy and Management should take a leadership role, with support of the governor's office, in coordinating this effort across all branches of state government

# RECOMMENDATIONS: Research and Evaluation *Framework*

## ➤ Family Violence Prevention Advisory Committee

- Appoint an advisory committee of relevant agencies, including DMHAS, DCF, DOA, OEC, DOC and the Judicial Branch, and family violence stakeholders
- Committee identifies research questions to address the effectiveness of current prevention policies, programs and strategies
- Committee should consider the recommendations on research and evaluation needs included in this study

# RECOMMENDATIONS: Research and Evaluation *Framework*

## ➤ Family Violence Multi-Agency Working Group

- Establish a multi-agency working group comprising relevant state agencies and the Judicial Branch
- Identify data sets needed to address the research questions posed by the Advisory Committee, procedures for merging the data sets, and appropriate protocols for accessing the merged data set



# RECOMMENDATIONS: Research and Evaluation *Framework*

## ➤ Family Violence Research Advisory Panel

### ✓ *Appointment*

- Appointment of a panel of experts with research experience in related research areas and experience serving on scientific committees to provide independent advice on the conduct of relevant research and evaluation projects

### ✓ *Responsibilities*

- Review research questions posed for probability of conducting credible research based on available data
- Review and recommend appropriate and relevant assessments to increase the integrity of data collected and managed
- Advise on the research questions(s) to be studied
- Advise throughout the research process, from selection of the researcher(s) through oversight of the research as it progresses through periodic review
- Continuously scan for new scientific developments in family violence interventions that may be more effective than those currently in use, especially for individuals who have co-occurring mental health and addiction treatment needs and/or are at a higher risk for re-offending

# RECOMMENDATIONS: Research and Evaluation

## Pilot Demonstration

### ➤ *Pilot Demonstration - Overview*

- Conduct research to develop a screening algorithm based on recidivism among offenders that have participated in CSSDs family violence interventions
- Research should measure the extent to which an algorithm using only data available to court personnel compares to an algorithm that also uses data from DMHAS, DCF, and DOC
- Comparison will allow for a determination as to whether information from other state agencies is needed for future screenings of family violence offenders, or if information currently available to the court is sufficient
- Study report includes a DRAFT research outline

# RECOMMENDATIONS: Research and Evaluation Pilot Demonstration

## ➤ Pilot Demonstration – Action Steps

- ❑ OPM prepares a draft Request for Qualifications to identify researcher(s) to conduct analyses on the merged dataset to screen offenders from the CSSD's three court-mandated family violence interventions; prepare a template (*i.e. scores*) for review of the RFQ; and submit the template to the Family Violence Research Advisory Panel for comment
- ❑ OPM should issue a RFQ and researchers responding should submit their research protocol and timeline for review by the panel
- ❑ Protocol should be approved (*or exempted from review*) by all relevant Institutional Reviews Boards, as well as by the involved agencies

# RECOMMENDATIONS: Research and Evaluation Pilot Demonstration

## ➤ Pilot Demonstration – Action Steps (continued)

- ❑ The Family Violence Prevention Advisory Committee and the Family Violence Research Advisory Panel should receive periodic progress updates and the final report for comment
- ❑ Based on the final report, and recommendations from the Family Violence Prevention Advisory Committee and the Family Violence Research Advisory Panel, OPM should facilitate actions for changes by relevant state agencies that are needed for screening and intervention placement, using a new algorithm based on research findings
- ❑ If additional information for screening is needed for decision-making (*e.g., information on substance abuse from DMHAS or past family violence from DCF*), a process for obtaining that information should be developed and instituted

# RECOMMENDATIONS: Pilot Demonstration

## ➤ Pilot Demonstration – *Action Steps (continued)*

- ❑ Based on results of this demonstration pilot project, the Family Violence Research Advisory Panel should identify additional research questions, such as a treatment outcome study, as appropriate for OPM's consideration and use in facilitating ongoing discussion of needed research for continuous improvement of Connecticut's family violence treatment programs
  
- ❑ With the research and the Family Violence Prevention Research Advisory Panel, the Family Violence Prevention Advisory Committee should develop a protocol for ongoing monitoring of screening, intervention, placement, and client outcomes

**THANK YOU**

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