MULTNOMAH COUNTY
FY 2024 Budget Work Session Follow Up

Community Justice
May 11, 2023

Question 1
Commissioner Stegmann (District 4): Please provide the context and data for estimating the total victims in Multnomah County.

Response:
The FY 2022 statistic about DCJ having 3,291 initial contacts with victims includes 3,118 adult cases and 173 juvenile cases. "Initial contact" is defined as how many initial letters we send to listed victims on criminal court cases to share information about their rights and explain that the justice-involved individual is on supervision with DCJ.

Victims have the choice about whether or not they will engage with DCJ after the initial contact, therefore, this "initial contact" statistic is not related to how many people engage with DCJ advocate services or how many listed victims receive notifications related to their case. Advocacy and safety needs are difficult to predict as they vary from case to case and victim to victim.

So far in FY 2023, we have provided advocacy services to **828** unduplicated victims/survivors. This number is the best predictor of how many victims choose to engage with DCJ's advocacy services upon someone beginning supervision.

Information from the DA's office:

DA's office dashboards
In FY 2022 there were 8,083 referred cases with at least 1 known victim. 4,526 (58%) of those cases ended up being issued by the DA.
It's important to note: Many cases have more than 1 victim; This data is for adult cases only; Tracking juvenile data is something the DA's office is actively working on improving; The disposition of these cases vary depending on

conviction and sentence. Victims could reach DCJ in the same fiscal year, or in later years.

Additionally, we know that Portland Police just onboarded 100 new officers and proposed adding over 40 more to their budget this fiscal year. This may have an impact on cases processing through the system, which may impact the number of victims/survivors.

Question 2
Commissioner Meieran (District 1): Community Violence Interruption Pilot (50099H) - $300K - eliminated. What was this? What was accomplished? Are the Public safety workers similar to Community Health Workers (CHWs). Why was it eliminated?

Response:
<u>What was this?</u>
Funding from the American Rescue Plan (ARP) helped establish a pilot project that leveraged the Gun Violence Incubator Project model of using group therapy facilitators with lived experience and a group therapy curriculum called Habilitation, Empowerment, Therapy, Accountability (H.E.A.T.).

<u>What was accomplished?</u>
The Community Violence Interruption Pilot funded incentivized participation (stipends) in this program for individuals to offset the financial burden experienced by individuals engaged in intensive therapy models. DCJ spent a significant portion of FY 2023 coordinating with the Chief Financial Office and the Department of County Human Services to determine the most appropriate way to dispense these funds and stipends were given to participants in the month of May 2023.

<u>Are the Public safety workers similar to Community Health Workers (CHWs)?</u>
Public Safety Worker is not a classification we use in Multnomah County.
The H.E.A.T. Facilitators are Corrections Counselors.

<u>Why was it eliminated?</u>
The Local Public Safety Coordinating Council (LPSCC) is currently funded for a $185,000 assessment to help determine the quality of existing gun violence

prevention/intervention efforts across the community and to determine if the Advance Peace fellowship model might be a good fit in the existing continuum. This contract has been executed and Advance Peace has already conducted one site visit to meet the individuals working to reduce gun violence. As technical assistance reveals the efficacy of the Advance Peace Model in Multnomah County we will reassess the need for incentives to bolster this model in upcoming fiscal years.

Question 3
Commissioner Meieran (District 1): For the Diane Wade Program (50028) please provide the following:
- How much total has been invested in this over the years, from what sources?
- What have been the outcomes?

Response:

DIANE WADE PROGRAM FUNDING

Fiscal Years	Program Offer	Funding Source	Budget Amount	Total Spent
FY 2019-2021	50028	MacArthur Foundation Grant	$1,533,542 (total revenue collected)	1,533,542
FY 2024	50028	General Funds	725,721	0
FY 2023	50028	General Funds	$697,954	$175,000
FY 2022	50028	General Funds	$697,954	0
FY 2021	50027B	General Funds	$546,920	$583,938
		Total General Funds	**$2,668,549**	**$758,938**
		Total All Funds	**$4,202,091**	**$2,292,480**

Outcomes Please see the attached reports and evaluations for the Diane Wade Program.

Question 4:

Commissioner Meieran (District 1): Can we get a specific breakdown of the $8.4 million IT/BAT item?

Response:
This is an annual (ongoing) line item that includes all IT equipment for employees and DCJ facilities.

Total IT Internal Services Breakdown - **$8,459,181**
- Internal Service Telecommunications (DCJ Telecom Allocation)- $380,908
- Internal Service Telecommunication (mobile devices and other expenses) - $329,824
- Internal Service Data Processing (Central IT Data Processing Allocation) - $7,343,491
- Internal Service Data Processing (ERP Support & Tech Services) - $404,958

Question 5:
Commissioner Meieran (District 1): How do we bridge gaps between Treatment Readiness Dorm and community supervision?

Response:
The Treatment Readiness dorm is a DCJ program with passthrough funding going to Volunteers of America for treatment services and MCSO for staffing in the jail. MCSO also provides in kind staffing of Corrections Counselors. DCJ has regular and ongoing meetings where they meet with MCSO to address DCJ's Treatment Readiness dorm:
- The Treatment Readiness Dorm Leadership Meeting meets quarterly to address any ongoing identified issues at the leadership/management level.
- The Treatment Readiness Dorm Multi-Disciplinary Meeting meets bi-monthly to staff potential participants and resolve or address barriers for an individual's participation in the dorm.

Question 6:
Commissioner Jayapal (District 2): Which of DCJ programs get to "upstream" approaches"

Response:
Community based, culturally responsive services

We believe continued investments in community based, culturally responsive services and supports in both divisions is an upstream approach. Investment in these programs and services will provide long term support to youth, adults, and families after they leave DCJ programming.

Juvenile Services Division

As a division, we truly believe that the upstream approaches are extremely important, not only as they relate to Zero Youth (King County), but also to truly address racial and ethnic disparity. We are committed to devoting more attention and services to preadjudicated and diversion youth.

We look forward to continued partnership with Annie E. Casey Foundation on the work to Transform Juvenile Probation, which includes a focus on diversion and pre adjudication. We are examining different approaches for staff to be more embedded and have a consistent presence in the community.

The Community Healing Initiative (CHI) focuses on building capacity and providing support to families of youth on supervision with DCJ. Care managers use a family systems case management approach to connect families with community based, culturally responsive services. We also have an early intervention component called CHI-EI.

Other examples of upstream approaches include our Hands of Wonder Garden, Culinary Program, Family Resolution Services, Early Intervention, and FUSE.

In May 2023, we began offering H.E.A.T. in Detention through a partnership with I AM Academy. We also have a Juvenile Court Improvement Coordinator position that works closely with OJD and ODHS on crossover youth and model court programs. We have two restorative services program specialists, one in

Detention and one in Probation. We have a current contract with Lutheran Family Services to provide direct services for clients for restorative services and restorative dialogue.

It is important to note that Juvenile Services also serves Clackamas and Washington counties.

Adult Services Division

One of the most upstream approaches used in Adult Services is the The Women and Family Services model. WFSU has been able to implement the collaboration of Community Health Specialists (CHS) within our unit. The Probation Officers make referrals to the CHS to work with our justice involved individuals. This has been beneficial in that the Community Health Specialists are able to focus on the Social Determinants of Health on a more intimate scale, while our PPOs remain focused on ensuring community safety, accountability, and conformance. Our Community Health Specialists work with the PPO and justice-involved individual together to identify areas of need using a social determinants scale, including: safe and stable housing, parenting needs, personal safety, healthy relationships, access to economic opportunities, education and employment, and advocacy and support addressing physical health needs.

Community Health Specialists are able to assist individuals in the community by providing transportation to appointments, preparing clients for job interviews, navigating educational systems, making referrals to community partners for substance abuse treatment, parenting courses, and mentorship programs. They connect individuals with public assistance such as SNAP, WIC, OHP, and TANF. Additionally, Community Health Specialists maintain an extensive library of housing opportunities to explore with individuals on supervision.

To ensure collaboration and productivity, Community Health Specialists and PPOs maintain strong communication with one another in relation to the case plan created by the PPO for each client. Individuals are always advised that the Community Health Specialist works with the PPO for the benefit of the individual, and each party is expected to keep communication open and transparent. Community Health Specialists are also tasked with documenting

the frequency and nature of their contacts with clients, and they hold regular staffings with the PPO.

[See the work of Community Health Specialists and DCJ's Women and Family Services Unit](#)

Question 7:
Commissioner Meieran (District 1): Re: Overrepresenation (both juvenile and adult), how are we shifting priorities to address this?

Response:
We utilize dashboards provided by our Research and Planning team to monitor our practices (sanctions, modifications, eared discharge, etc) to see how our outcomes compare to Black, Indigenous and People of Color on our caseloads. Dashboard data helps us focus down to the caseload level for management to address directly. We also utilize lessons learned through dashboard monitoring and reporting when developing new programs and approaches.

Secondly, we are investing in culturally responsive treatment and programs. Specifically, we have expanded H.E.A.T. to different populations such as women and the exploration of H.E.A.T. for Latino populations. We have invested in a Latino caseload that partners with a community partner (Latino Network) for specific programming/services for 18-30 year olds who identify as Latino. Our H.E.A.T. program is piloting a financial investment model where individuals participating in the program can be financially compensated for their attendance and completion.

Question 8:
Commissioner Meieran (District 1): What is the future of funding/strategy for behavioral health?

Response:
In short, we focus on advocacy, collaboration, and maintaining the appropriate workload capacity for individuals doing this work. We work with Government Relations to explore funding streams available for severe and persistent mentally ill individuals. We continue to strengthen partnerships w/ Corrections Health and Behavioral Health Services. Currently, we're collaborating between Behavioral Health and DCJ's Health Assessment and Treatment (HAT) team to ensure adults on supervision are connected to the Oregon Health Plan. We're also continuing to maintain lowered caseloads to be able to engage in case management, and we work with the Health Department and Coordinated Care Organizations to identify community-based resources to meet the needs of individuals on supervision.

Diane Wade House

Outcome Analysis Among First Year Participants

April 2020
Kyle Schwab | Data Analyst, Multnomah County
Local Public Safety Coordinating Council

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Diane Wade House Background

Multnomah County has devised 12 strategies designed to create a fairer and more effective local justice system, with the short-term goal of reducing its jail population by approximately 14%. Among these strategies is an effort to meet the needs of populations with behavioral health issues by ensuring access to jail alternatives for justice-involved Black and African American women with a co-occurring mental health diagnosis.

A lack of appropriate and responsive intervention and sanction options for justice-involved women with mental health complications, particularly Black and African American women, has resulted in disproportionate use of jail. To address this disproportionality, Multnomah County designed a program to provide access to appropriate supportive housing and services to justice-involved Black and African American women with mental health needs. In December 2018, Multnomah County's Department of Community Justice (DCJ) opened the Diane Wade House (DWH), the first-of-its-kind transitional housing program for adult women involved in the criminal justice system, with a focus on Black and African American women. The house, operated by Bridges to Change, administers gender-responsive and culturally specific trauma-informed services such as support services, mentoring, and life-skills programs for (up to) 36 residents.

The following is the first evaluation for Multnomah County's Diane Wade House (DWH). This analysis examines measures of client success as well as criminal justice outcomes among women that entered and exited the House in the first six calendar months of 2019.

Evaluation Methodology

Evaluation Questions

This report addresses the following questions:

1. What proportion of participants successfully exit from DWH?
2. What are the criminal justice outcomes (e.g., bookings; sanctions) for participants that exited DWH?
3. What proportion of participants successfully complete community supervision?
4. What proportion of participants are meeting their housing, employment, and medical needs?

Data Sources

The data utilized to address the four evaluation questions were obtained from three sources: Multnomah County's Department of Community Justice (DCJ); Multnomah County's Decision Support System-Justice (DSS-J) data warehouse; and Bridges to Change (BtC). The data elements from DCJ include: name and special ID number of the client; DCJ supervision start and end dates; supervision end reason(s); most recent risk assessment level category; sanction category; and date of sanction. The data elements from DSS-J include: name, age, race, and gender; date of booking(s); charges associated with the booking(s); jail release date; and jail release reason. The data elements extracted from DSS-J were originally collected by the Multnomah County Sheriff's Office. Data elements received from BtC include: name, age, race, and gender; DWH entry and exit dates; DWH discharge status; client education level; and client housing, employment, and health insurance status at house entry and exit.

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Participant Demographics

Analysis participants were selected based on DWH enrollment and discharge data. In the first six months of calendar year 2019, 29 entries and exits among 28 distinct women occurred. As described previously, the DWH is designed to serve justice-involved Black and African American women. Thus, all 28 women identify as Black or African American. The majority (76.9%) of the 28 women were

Chart 1: DWH Client Count by Age Group
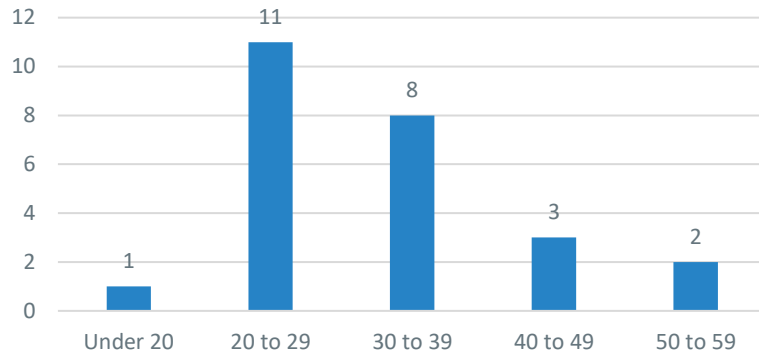
between age 20 and 39 (see Chart 1). Their average age was 34, and their median age was 30. 42.3% of women had less than High School Diploma, 15.4% had at least a High School Diploma, and 38.5% had at least some college-level education. At the time of DWH entry, all women were on DCJ community supervision, two reported they were employed, four reported they were uninsured, 11 reported their most recent residence as a jail/prison, seven reported being homeless or residing in a shelter, and five reported residing on her own or with family/friends. The tools used to assess risk include the Level of Service/Case Management Inventory (LS/CMI) and the Women's Risk Need Assessment (WRNA). Per most recently available data, two women were assessed as medium risk, 19 (73% of total) were assessed as high risk, and two were assessed as very high risk. Length of residency at DWH ranged from 1 to 139 days. The average length of residency was 46 days, and the median was 34 days.

Analysis Period

Data extracted for the 28 women includes all Multnomah County jail bookings and DCJ sanctions that occurred within two distinct time periods: 1) pre-DWH residency, and 2) post-DWH residency. The post-residency period is defined as those bookings and sanctions that occurred in the number of days between a client's exit from the DWH and 12/31/2019. The pre-residency period is defined as all bookings/sanctions that occurred prior to a client's entry to the DWH for the number of days equal to that person's post-residency period. For example, if a client's post-residency period is 213 days, then the pre-residency period would also be 213 days (see diagram).

Outcomes included in this analysis include: program success by client demographics; presence of employment, housing, and insurance coverage upon house exit; and change in booking and sanction frequency from the pre-residency to the post-residency period. These changes were examined in the lens of DWH discharge status (i.e., successful; unsuccessful; and neutral) as defined by Bridges to Change.

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Key Findings

Numerous conclusions were drawn from the analysis. Below is a list of the most salient findings. When considering the following findings, readers should consider the limited scope of women included in this analysis (i.e., 29 women enrolled and exited in the first six months of calendar year 2019).

1. 53% of clients unsuccessfully exited DWH, 19.2% successfully exited, and 27% neutrally exited.

2. Clients that successfully exited DWH were generally older and had longer residency in the house.

3. Clients that successfully exited DWH generally do not have higher levels of education.

4. In general clients tend to lack employment at house exit.

5. In general clients tend to have medical insurance, at exit.

6. The preponderance of unsuccessful and neutral exits do not have housing.

7. The majority of women served by DWH are high risk.

8. None of the women assessed at either medium or very high risk successfully exited the House.

9. Most women exiting from DWH were still on supervision for at least eight months following exit.

10. Successful completion of supervision is not concentrated among a single discharge status category.

11. DWH clients were more frequently issued jail sanctions than any other sanction type.

12. Women that unsuccessfully exit are sanctioned at a higher rate than those that successfully exit.

13. Women that unsuccessfully exit are more frequently sanctioned post-residency.

14. Women that successfully exit are sanctioned to a wider variety of non-jail sanction types.

15. Women that successfully exit have the least post-residency jail contact (i.e., bookings), whereas women that unsuccessfully exit have more jail contact following residency.

Results: Social Determinant Outcomes

The following results detail the "profile" of DWH clients based on their discharge status. Clients' discharge status is examined relative to their age, education, employment, housing, and health insurance coverage.

Discharge Status

Bridges to Change captures data on when and why clients are discharged from the Diane Wade House. Discharge reasons are generally classified into three categories: Successful; Unsuccessful; and Neutral. Examples of a successful House exit include completion of program requirements, obtaining employment, receiving certain benefits, and/or moving into independent housing. Examples of a neutral exit include non-engagement with DWH staff, and/or moving to a new agency or different provider. Unsuccessful exits fail to complete program requirements.

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Discharge status data was only available on 26 of the 29 exits included in this analysis - note that each of the 26 exits featured a distinct client. Of the 26 clients, 5 (19.2%) successfully exited, 14 (53.8%) unsuccessfully exited, and 7 (26.9%) neutrally exited (see Chart 2).

As described previously, the average age of the 28 women in this analysis was 34, and the median age was 30. Additionally, the average House residency was 46 days, and the median residency was 34 days. These values change based on discharge status. Women that successfully exited the House were generally older (41 years average; 39 years median) than those who unsuccessfully exited (31 years average; 28 years median). Additionally, women who successfully exited the House generally stayed in the House longer (105 days average; 116 days median) than those who unsuccessfully exited (40 days average; 39 days median) (see Charts 3 & 4).

In sum, the data indicates the majority of women that entered and exited the DWH in the first six months of 2019 did not successfully exit the program. These women tend to be younger and have shorter average lengths of House residency than their successful counterparts. It should be noted that the group of successful women only consists of five people.

Chart 2: DWH Client Discharge Status

Chart 3: Client Age by Discharge Status
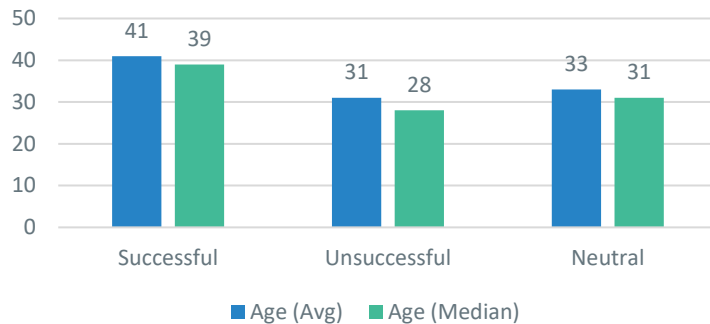
Chart 4: House Residency by Discharge Status

Higher Education

Data pertaining to a client's highest level of education is collected on entry to the DWH. Categories include: 1st to 12th grade; GED; High School Diploma; Some College; Associates Degree; and None. 23% of women have 1st to 12th grade education, 30.8% have a GED or High School Diploma, and 38.5% have either some college or an Associate's Degree. The majority of women that successfully exited the DWH have a High School Diploma or less (80%), whereas half of women that unsuccessfully exited the program have some college experience or an Associate's Degree (see Table 1).
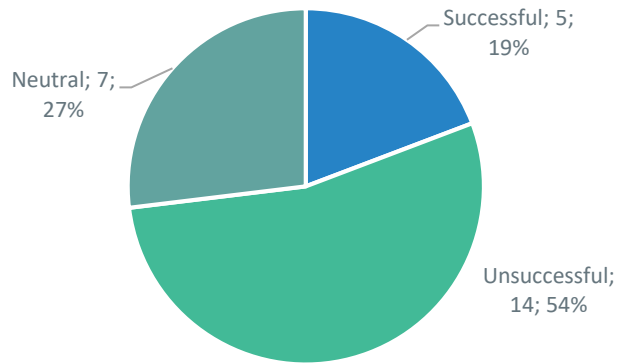
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TABLE 1: Highest Education Level, by House Discharge Status

TOTAL WOMEN	SUCCESSFUL			UNSUCCESSFUL			NEUTRAL			TOTALS	
	5	19.2%		14	53.8%		7	26.9%		26	
CATEGORIES	#	%	% Total	#	%	% Total	#	%	% Total	#	% Total
1st to 12th grade	2	40.0%	7.7%	4	28.6%	15.4%	0	0.0%	0.0%	6	23.1%
GED	0	0.0%	0.0%	1	7.1%	3.8%	3	42.9%	11.5%	4	15.4%
High School Diploma	2	40.0%	7.7%	1	7.1%	3.8%	1	14.3%	3.8%	4	15.4%
Some College	0	0.0%	0.0%	6	42.9%	23.1%	2	28.6%	7.7%	8	30.8%
Associates Degree	1	20.0%	3.8%	1	7.1%	3.8%	0	0.0%	0.0%	2	7.7%
None	0	0.0%	0.0%	1	7.1%	3.8%	0	0.0%	0.0%	1	3.8%
MISSING	0	0.0%	0.0%	0	0.0%	0.0%	1	14.3%	3.8%	1	3.8%

In sum, clients that successfully exit DWH do not have higher levels of education, on average, in comparison to the clients that did not successfully exit. As with the previous findings, the small sample size should be noted.

Employment, Housing, and Health Insurance

Employment, housing, and health insurance coverage status data are collected during the DWH intake process; this same information is also collected during the DWH exit process, when able. Employment data includes a yes/no indicator for active employment status as well as an employment type category (full-time; part-time; seasonal/sporadic). Housing data includes a self-report of housing status at the time of entry and immediately following exit from the DWH. Housing classifications include: Clean/Sober Housing; Homeless; Hospital; Jail; Living with Family; Living with Friends; Own; Prison; Rent; Shelter; Treatment Center; and Unsafe. For the purposes of this analysis, housing status was collapsed into two broad categories: housed and houseless. Any clients with housing status listed as Clean/Sober Housing, Living with Family, Living with Friends, Own, Rent, and Treatment Center were considered housed. All other classifications were considered houseless. Health insurance coverage data classifies a client's current insurance status at the time of entry and exit from DWH. Classifications include: Medicare covered; Medicaid covered; non-Medicare/Medicaid covered; and uninsured.

The following data depicts the status of DWH clients' employment, housing, and health insurance coverage status upon exit. Of the 26 women with available discharge data, 23 (88.5%) reported no employment, 24 (92.3%) reported having health insurance coverage, and 10 (38.5%) reported being housed. The proportion of women employed, insured, and housed differs by discharge status category. Among those that successfully exited, 40% (2) reported employment post-exit, and all (5) reported having health insurance and housing following DWH exit (either living with family/friend or moving into clean and sober housing). Among those who did not successfully exit, 92.9% (13) reported no employment, 85.7% (12) reported having health coverage, and 50% (7) reported having housing after exit from the House. Finally, all 7 women that exited neutrally from DWH reported no employment but having health insurance coverage; additionally, 42.9% (3) reported to have no housing after House exit. Note that housing data was unavailable for 6 women (see Table 2).

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TABLE 2: Employment, Insurance Coverage, and Housing Status, by House Discharge Status										
TOTAL WOMEN	**SUCCESSFUL**			**UNSUCCESSFUL**			**NEUTRAL**			**TOTALS**
	5	**19.2%**		**14**	**53.8%**		**7**	**26.9%**		**26**
CATEGORIES	#	%	% Total	#	%	% Total	#	%	% Total	#	% Total
Post-DWH employment										
Yes	2	40.0%	7.7%	1	7.1%	3.8%	0	0.0%	0.0%	3	11.5%
No	3	60.0%	11.5%	13	92.9%	50.0%	7	100.0%	26.9%	23	88.5%
Post-DWH Health Insurance										
Yes	5	100.0%	19.2%	12	85.7%	46.2%	7	100.0%	26.9%	24	92.3%
No	0	0.0%	0.0%	2	14.3%	7.7%	0	0.0%	0.0%	2	7.7%
Post-DWH Housing										
Homeless at Exit	0	0.0%	0.0%	7	50.0%	26.9%	3	42.9%	11.5%	10	38.5%
Housed at Exit	5	100.0%	19.2%	4	28.6%	15.4%	1	14.3%	3.8%	10	38.5%
Clean & Sober Housing	3	60.0%	11.5%	0	0.0%	0.0%	1	14.3%	3.8%	4	15.4%
Living w/Family or Friend	2	40.0%	7.7%	3	21.4%	11.5%	0	0.0%	0.0%	5	19.2%
Own	0	0.0%	0.0%	1	7.1%	3.8%	0	0.0%	0.0%	1	3.8%
MISSING	0	0.0%	0.0%	3	21.4%	11.5%	3	42.9%	11.5%	6	23.1%

In sum, the race-specific data supports the finding that individuals consistently engaged in LEAD® experience less bookings and less jail time than those that did not engage in LEAD®. However, the effective decrease appears most pronounced for White participants.

Results – Criminal Justice Outcomes

As previously described, all 28 women included in this analysis were on active community supervision by the Multnomah County Department of Community Justice (DCJ) at the time of entry into the Diane Wade House. Data tracked by the DCJ, and utilized in this analysis, include client's risk level(s), current supervision status, and sanctioning frequency. Changes in client's sanction frequency as well as jail booking frequency, relative to discharge status, will be examined between the pre-residency and post-residency period.

Community Supervision – *Risk Level*

DCJ assesses client's risks and needs through a variety of methods. Among these methods are two validated risk assessment tools: Level of Service/Case Management Inventory (LS/CMI), and the Women's Risk/Need Assessment (WRNA). Both tools generate a numeric score based on respondent's answers, which are then categorized into risk levels. Risk level categories are: Very Low; Low; Medium; High; and Very High. Despite assessing for similar conditions, the LS/CMI and WRNA have different numeric scales, and subsequently slightly different risk level categories. The 28 women in this analysis were not all assessed by the same tool; some were assessed via LS/CMI and others with the WRNA. For the purposes of this analysis, the generated risk scores were weighted to allow for generalizability across the two tools.

The following data describes the most recently available risk level for each of the women included in this analysis. None of the women were assessed as Very Low or Low risk. Two women scored medium or high (7.7% each, or 15.4% total), and the majority of women (19, 73.1%) scored High. Risk level was unavailable for three women. Unlike the previously explored variables, the overall risk level distribution trend does

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not significantly alter when examined by DWH discharge status. In other words, the majority of women, regardless of discharge status, were assessed as high risk, when the risk level was known. It is notable that the four women assessed as medium and very high risk did not successfully exit; this may indicate that DWH programming is currently best tailored for high risk women. (see Table 3).

TABLE 3: Assessed Risk Level, by House Discharge Status											
TOTAL WOMEN	**SUCCESSFUL**			**UNSUCCESSFUL**			**NEUTRAL**			**TOTALS**	
	5	**19.2%**		**14**	**53.8%**		**7**	**26.9%**		**26**	
CATEGORIES	**#**	**%**	**% Total**	**#**	**%**	**% Total**	**#**	**%**	**% Total**	**#**	**% Total**
Medium	0	0.0%	0.0%	1	7.1%	3.8%	1	14.3%	3.8%	**2**	**7.7%**
High	5	100.0%	19.2%	12	85.7%	46.2%	2	28.6%	7.7%	**19**	**73.1%**
Very High	0	0.0%	0.0%	1	7.1%	3.8%	1	14.3%	3.8%	**2**	**7.7%**
MISSING	0	0.0%	0.0%	0	0.0%	0.0%	3	42.9%	11.5%	**3**	**11.5%**

Community Supervision - *Supervision Status*

DCJ closely tracks the supervision course of each of its clients, with particular emphasis on when a client exits supervision and under what circumstances the exit occurred. Clients still on community supervision are classified as active, and clients no longer on supervision are considered inactive.

As of February 28, 2020, the majority of the women in this analysis (19 - 73.1%) were still on active DCJ supervision and six were inactive. Three of the six women that became inactive were re-incarcerated (prison) and the other three completed the conditions of their supervision. The three women that became inactive due to re-incarceration all unsuccessfully exited the House, whereas the three women that completed their supervision were spread across the three discharge categories (see Table 4).

TABLE 4: DCJ Supervision Status, by House Discharge Status											
TOTAL WOMEN	**SUCCESSFUL**			**UNSUCCESSFUL**			**NEUTRAL**			**TOTALS**	
	5	**19.2%**		**14**	**53.8%**		**7**	**26.9%**		**26**	
DCJ Supervision Status as of 2/28/2020	**#**	**%**	**% Total**	**#**	**%**	**% Total**	**#**	**%**	**% Total**	**#**	**% Total**
Active	4	80.0%	15.4%	10	71.4%	38.5%	5	71.4%	19.2%	**19**	**73.1%**
Inactive (ALL)	1	20.0%	3.8%	4	28.6%	15.4%	1	14.3%	3.8%	**6**	**23.1%**
Prison / Imprisoned	0	0.0%	0.0%	3	21.4%	11.5%	0	0.0%	0.0%	**3**	**11.5%**
Supervision Complete	1	20.0%	3.8%	1	7.1%	3.8%	1	14.3%	3.8%	**3**	**11.5%**
MISSING	0	0.0%	0.0%	0	0.0%	0.0%	1	14.3%	3.8%	**1**	**3.8%**

Most of the women that exited the House remained on supervision for at least eight months following exit, and successful completion of supervision is not concentrated to one discharge category.

Community Supervision – Sanctions

Similar to supervision status, DCJ tracks the number and type of sanctions issued to clients on community supervision. Types of issued sanctions include, but are not limited to: Alcohol electronic monitoring; curfew; GPS monitoring; inpatient treatment; jail; modification of supervision conditions; citation (no action); ordered community service; revocation to prison; verbal reprimand; and assignment to work crew. The number of sanctions issued, by type, were aggregated to reflect how many sanctions were

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issued prior to, during, and following DWH residency. Additionally, the number of women that were issued at least one sanction following DWH residency as well as the number of women that were issued more sanctions in their post-DWH residency as compared to their pre-residency period were also aggregated. During the entire analysis period, a total of 85 sanctions were issued to 21 (75%) of the 28 women. Two of the 21 women with sanctions issued did not have DWH exit data available; thus, Table 5 below depicts sanction activity among 19 women.

A total of 80 sanctions were issued among 19 women during the entire study period (i.e., pre, during, and post-residency). 60 of the 80 sanctions issued (75%) were sanctions to jail; the next most frequently utilized sanction types were GPS monitoring (4 - 5%) and modification of conditions (4 - 5%). As with many of the previously discussed variables, sanction frequency and rate differ by discharge status. Three of the five women that successfully exited, 13 of the 14 that unsuccessfully exited, and three of the seven women that neutrally exited were issued a sanction at some point in the analysis period. The majority (62.5%) of women sanctioned were those that unsuccessfully exited DWH. Similarly, the majority (68.4%) of actual sanctions issued were also to those women that unsuccessfully exited. The average number of issued sanctions per person was lowest for women that successfully exited (2 sanctions) and highest for women that unsuccessfully exited (4 sanctions) (see Table 5).

TABLE 5: Client Sanctions, by House Discharge Status								
TOTAL WOMEN	**SUCCESSFUL**		**UNSUCCESSFUL**		**NEUTRAL**		**TOTALS**	
	5	19.2%	14	53.8%	7	26.9%	26	
DCJ Sanctions	#	% Total	#	% Total	#	% Total	#	
Sanction Count	12	15.0%	50	62.5%	18	22.5%	80	
Client Count	3	15.8%	13	68.4%	3	15.8%	19	
Overall Avg. Sanctions	2		4		3		3	
	#	%	#	%	#	%	#	% Total
Alcohol E-Monitoring	0	0.0%	1	2.0%	0	0.0%	1	1.3%
Curfew	1	8.3%	0	0.0%	0	0.0%	1	1.3%
GPS Monitor	2	16.7%	1	2.0%	1	5.6%	4	5.0%
Inpatient Treatment	0	0.0%	3	6.0%	0	0.0%	3	3.8%
Jail	5	41.7%	38	76.0%	17	94.4%	60	75.0%
Modify Conditions	1	8.3%	3	6.0%	0	0.0%	4	5.0%
No Action	0	0.0%	1	2.0%	0	0.0%	1	1.3%
Ordered Community Service	1	8.3%	2	4.0%	0	0.0%	3	3.8%
Revoke to Prison	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Verbal Reprimand	1	8.3%	1	2.0%	0	0.0%	2	2.5%
Work Crew	1	8.3%	0	0.0%	0	0.0%	1	1.3%
Sanction Frequency	#	% Total	#	% Total	#	% Total	#	% Total
Count pre-residency	5	6.3%	24	30.0%	9	11.3%	38	47.5%
Count during residency	3	3.8%	1	1.3%	0	0.0%	4	5.0%
Count post-residency	4	5.0%	25	31.3%	9	11.3%	38	47.5%
	#	%	#	%	#	%	#	% Total
At least 1 post-residency sanction	1	20.0%	10	71.4%	3	42.9%	21	80.8%
More post-residency sanction	1	20.0%	5	35.7%	1	14.3%	8	30.8%

Figure excludes two women with unavailable discharge status data

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Jail sanctions are the most frequently issued sanction type for all women, regardless of House discharge status. However, the proportion of jail sanctions issued is not equal among the discharge statuses. For example, 41.7% of all sanctions issued to women that successfully exited were sanctions to jail, whereas 94.4% of all sanctions issued to those that neutrally exited were sanctions to jail (see Table 5).

Overall, 76.9% (20) of the 26 women were sanctioned at least once in the post-residency period. This figure changes, however, based on discharge status. 20% (1) of women that successfully exited DWH were sanctioned at least once in the post-residence period, and that one client was sanctioned more frequently than she was prior to house residency. 71% (10) of those that unsuccessfully exited were sanctioned at least once post-residency, and half of those women (5) were sanctioned more frequently post-residency. Women in nearly 43% (3) of all neutral exits were sanctioned at least once post-residency, and one of those women was sanctioned more frequently post-residency.

In sum, jail sanctions are the most frequently used method of sanction for DWH clients. In addition, women that unsuccessfully exit appear to be sanctioned at a higher rate than those that successfully exit, and the majority of women that unsuccessfully exit DWH more frequently experience sanctions post-residency. Women that successfully exit, however, appear to experience a wider variety of non-jail sanction types.

Jail Bookings

Bookings into a Multnomah County jail during the study period were tracked for the 28 women. As with sanctions, booking data for only those 26 women with available discharge status data are described below. Table 6 displays the number of bookings that occurred pre, during, and post-DWH residency, as well as the average length of jail stay.

Twenty-four of the 26 women with available discharge status data had at least one booking during the study period. In total, there were 105 bookings. Two of those bookings occurred during the residency period; the remaining bookings were nearly equally split between the pre and post-residency periods. Booking frequency and rate differ by discharge status. All of the women who successfully exited, 13 of the 14 who unsuccessfully exited, and six of the seven women who neutrally exited were booked at some point in the analysis period. The average number of bookings per person was lowest for women who successfully exited (2 bookings) and highest for women that unsuccessfully exited (5 bookings). For more detailed information on bookings and discharge type, see Table 6.

Average length of jail stay (ALOS) across all 105 bookings was 17.5 days. For the 52 pre-residency bookings the ALOS was 19.9 days, and the ALOS for the 51 post-residency bookings was 15.9 days. This represents a 20% decrease in ALOS from the pre to post-residency period. ALOS values also differ by discharge status. Pre-residency ALOS is longest for those that neutrally exited the House (36.7 days) and shortest for those that unsuccessfully exited (13.9 days). In the post-residency period, ALOS was longest for those that unsuccessfully exited (15.9 days) and shortest for those that successfully exited (15.5 days). It should be noted that only the unsuccessful exit category experienced an increase in ALOS from the pre to post-residency period, and the neutral exit category experienced the greatest decrease in ALOS overall. Additionally, post-residency ALOS is nearly identical across all three discharge status categories (see Table 6).

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Overall, 65.4% (17) of the 26 women were re-booked at least once in the post-residency period. This figure changes, however, based on discharge status. 20% (1) of women that successfully exited, 85.7% (12) women that unsuccessfully exited, and 57.1% (4) of women that neutrally exited were re-booked at least once post-residency. Further, 20% (1) of women that successfully exited, 35.7% (5) women that unsuccessfully exited, and 28.6% (2) of women that neutrally exited were re-booked more frequently post-residency than they were pre-residency (see Table 6).

TABLE 5: Client Sanctions, by House Discharge Status								
TOTAL WOMEN	**SUCCESSFUL**		**UNSUCCESSFUL**		**NEUTRAL**		**TOTALS**	
	5	19.2%	14	53.8%	7	26.9%	26	
DCJ Sanctions	#	% Total	#	% Total	#	% Total	#	
Count of Women Booked	5	20.8%	13	54.2%	6	25.0%	**24**	
Total Bookings (#)	11	10.5%	72	68.6%	22	21.0%	**105**	
Avg. Bookings, per person	2		5		4		**4**	
	#	% Bookings	#	% Bookings	#	% Bookings	#	% Bookings
pre-residency bookings	5	4.8%	36	34.3%	11	10.5%	52	49.5%
during residency bookings	0	0.0%	2	1.9%	0	0.0%	2	1.9%
post-residency bookings	6	5.7%	34	32.4%	11	10.5%	51	48.6%
Average Length of Stay	**SUCCESSFUL**		**UNSUCCESSFUL**		**NEUTRAL**		**TOTALS**	
Overall	17.1		14.5		25.4		17.6	
pre-residency	18.7		13.9		36.7		19.9	
post-residency	15.5		15.9		15.8		15.9	
Re-Bookings	#	%	#	%	#	%	#	% Total
At least 1 post-residency booking	1	20.0%	12	85.7%	4	57.1%	**17**	**65.4%**
More post-residency bookings	1	20.0%	5	35.7%	2	28.6%	**8**	**30.8%**

The booking data indicates that women who successfully exited DWH experience the least interaction with jail, post-residency. Conversely, women that unsuccessfully exit appear to interact with jail more frequently following DWH residency.

LIMITATIONS

There are several gaps in this analysis. First, this analysis has a small sample size. The small size is due to the recentness of the DWH program and the subsequent decision to limit this analysis to those that entered and exited the house in the first six months of 2019. This decision was made to allow each participant to have at least six full months of post-exit data. Future updates to this analysis would benefit from increasing the entry/exit date criteria.

Second, this analysis only includes up to 11 months of post-residency, arrest-based jail incarceration data as a measure of recidivism. Thus, this analysis does not include a full three-year post-residency period, or any charging/sentencing data as a measure of recidivism as recommended in the State of Oregon's definition of recidivism (ORS 423.557).

Finally, this analysis, while informative, does not get at the core of the culturally-specific components of the Diane Wade House program. To address this gap, a qualitative evaluation will be conducted. Results

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from this analysis, and the upcoming qualitative evaluation, will be used to inform future programming directions for DWH.

CLOSING

The data discussed in this analysis indicates only one in five women are successfully exiting the DWH. And, while most women are getting their medical needs met (specifically in terms of health insurance coverage), most women are not getting their employment needs met, and only about half of women are having their housing needs met. In terms of criminal justice outcomes, nearly three-quarters of women are still on supervision, and only half of those that are no longer on supervision were successfully discharged. These results also demonstrate that nearly three of four women are still being sanctioned by their Probation/Parole Officer following exit from the house, and roughly six of every ten women are being re-booked into jail in the months following house exit. However, interactions with the criminal justice system (i.e., jail bookings and DCJ sanctions) are generally lower overall following DWH residency.

When interpreting these results, it is important to remember that they were derived through the analysis of a small group of women served by the Diane Wade House during a limited amount of time in the first year of implementation. These results serve to highlight potential areas of improvement, and subsequently, opportunities to create programming that will be more positively impactful to future House residents.

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Diane Wade House 2.0 Community Visioning - Workshops Summary

For

Department of Community Justice

Written by
Nitya Wakhlu

drawbridge
- innovations -

December 10, 2020

This report is a summary of the ideas and insights that emerged during the following community workshops:

- Visioning Part 1 - November 12th, 2020. All invited stakeholders.
- Visioning Part 2 - November 16th, 2020. Invited staff and partners.
- Visioning Part 2 - November 18th, 2020. Invited community members. *[visioning not completed]*
- Visioning Part 2 - November 23rd, 2020. DWH CAB members. *[visioning partially completed]*

Table of Contents

Section 1: Aligning on who we Serve

Question asked - As you think about the needs of our community,
- **Target population:** Who would be best served by the House? Please describe the target population.
- **Needs:** What are their most pressing needs?
- **Pains:** What are the barriers they face? What are their fears and frustrations?
- **Gains:** What are their hopes and desires for the future

1.1 Target population | who would be best served by the house

Target population: African-American and Black women, who:
- Are justice-involved/are returning home from prison and jail, re-entering the community.
- If they're in the community, not back in the community for more than 6 months.

Insights about the definition:
- Be unapologetically Black.
- Be culturally and racially specific - not just culturally responsive.
- Be very explicit about who we want to prioritize and center in the design of every aspect of the house.
- The black community is not monolithic. This can't be the "warehouse" for all the African-American women. The Black community needs options as well - they have a whole spectrum of needs.

Characteristics of the target population:
- Women who are constantly let down by the system and are constantly underserved.
- People with multiple layers of trauma, mental health needs, sexual traumas, and survivors in our community.
- Focus on women who face the biggest disparities - follow the county pledge to lead with race and be data-informed.

- Housing for those that are being responsible and space for women that are struggling.

1.2 Biggest needs

Family reunification:
- Connections with children and family.
- *"Mothers need to have a chance to grow and change to stop the cycle. That changes the world. Why can't we have that advantage?"*
- Pre-and post-release and Family Services Unit.
- Parenting classes - how to support children once they are home. Socialization, discipline and child development education.
- Regular family visits while in the program.

Trauma-informed housing:
- Currently, 9 to 10 residents gave the feedback that the set up is not a trauma-informed setup.
- The house needs a residential feel, not an institutional feel.
- To reduce stress and to reduce being on alert, residents need their own space. This doesn't mean locked doors, but a private place to dress, etc.
- Open door housing is not trauma-informed. We need smaller settings of 1 to 2 people per room vs. open bunk areas.
- If the women are coming back to the community they need living quarters as familiar to community living as possible and dorm-style is not the way to do that. Dorm style is not trauma-informed.
- *"What their space looks like helps them succeed in the future. It's an extension of coffee creek x2 . Doesn't matter how many pics you put on the wall, it's not a home. It doesn't make you feel like you are in a comfortable home. This is an institution. Can't be a dorm-style."*
- The current house is not friendly, warm (feeling and temperature), not welcoming, institutionalized.

  Note: Please see detailed notes on the future vision of the physical and environmental house design for DWH 2.0 in section 3 of this document.

Access to mental-health support:
- There is a lot of trauma history, grief, loss and addiction cycles to deal with.
- Focus on sexual trauma survivor considerations. Alcohol and Drug treatment doesn't get to the heart of trauma and abuse.
- We need better access to mental health support within the house. Explore having an on-site clinician a few days a week. It's intimidating (barrier) to go outside to a clinic to deal with male mental-health clinicians.
- Mental health comes with criminality, drug abuse, etc. We need to be more collaborative in referral sources.
- Support with alcohol and drug compliance.

Access to employment with a living wage:
- Focus on employing black women.
- Prepare women for employment.
- Provide occupational and women in the trades counseling and assistance.

A house where the staff has the appropriate training:
- Staff need proper training to work there, especially if they're mentors.
- Training the staff for when a mental-health crisis occurs.
- Training is missing. When a situation arises, some mentors were uncomfortable. They were vocal about their discomfort and turned their back and let the situation resolve itself.

Access to skills development and personal growth:
- Residents need structure and being on a schedule. Helping residents set goals.
- Rebuild inner strength and self-worth: *"Rebuild foundations; fix hole inside of you that is missing"*
- Personal therapy for residents.
- Preparing them for permanent housing, since DWH is transitional.

Balanced incentives:
- Consider a balance between "incentives and merit" and what is a basic?
- right. We need a balance for women to have transitions where they feel safe and free. Too tight of restrictions may make women feel as if they are still in an institution.

Spiritual needs:
- Faith is culturally specific for Black women, and is an important element to include.
- However - religion can also be traumatic and triggering to some women - so faith offerings need to be optional, not mandatory.

To be with women that have the same/similar experiences - and women who look like them:
- People learn best when they see successful people that look like them. A peer. Elder black women need to be represented in the house to provide support and speak the truth.

1.3 Pains | Fears, frustrations, barriers faced

Note: These identified "pains" are in addition to the needs already identified above.

- **Lack of stable housing**
- **Transportation**
  - Residents currently do not have an allowance to buy a transit pass for personal reasons.
  - *"I had to walk a mile to the Max with a disability. The bus stopped running at 8 pm".*
- **Money**
  - Absence of work and living wage.
- **Location**
  - *"When the house is far away from everything, it's difficult to get community support".*
- **Access to resources**
- **Systemic racism**
  - *"We cannot keep trying to prove to people that racism exists. We need people who get it".*
- **Barriers that come with criminal justice involvement**
  - Lack of trust
  - Barriers to housing and employment

- **Mental health issues and trauma**
- **Programs that are not designed for you - or by people like you.**

1.4 Gains | Hopes and desires for the future

Note: These identified "gains" are in addition to the needs already identified above.

- To never return to prison, be healthy, not be judged, be on their own - leading successful and productive lives.
- To have stable and subsidized housing with assistance getting on the list for access to subsidized housing.
- Workforce development. Access to jobs with a stable income, livable wage, and social security income.
- Skills and tools to navigate through life.
- Community - a sense of belonging, engagement and support with community resources.
- Access to mental health care to heal properly with multiple layers of trauma.

1.5 Additional insights and design considerations

Community partnerships:
- The house needs a list of community agencies that will walk alongside the house and help with resources.

Role of non-black residents:
- How do we promote a house for Black and African American women and yet allow other women of other races into the home?
- We need to prepare the house for when someone white moves in. We need common language around this, and the house needs to be ready to respond… the curriculum should be unapologetically black.

Clarify the role of mental/behavioral health:
- We need to have experts and support for mental health needs, but also make sure that we do not confuse people about the services available

there. We need to identify the CORE mental and behavioral health services - *"What will we get access to? Or Referrals to?"*
● Unpack what kind of mental health we're looking at for the target population.

Role of accountability and expectations:
● Space away needs to be earned. Currently, people are not being held accountable.
● We need to be very clear: Who is managing the house and setting parameters for the house? What are the rules and expectations for women in the house?

Marketing and promoting the house:
● *"How do we market the house better to our target community? So that we are not here again in a few years?"*
● While marketing, be very clear about the services and support we provide - and what we don't.
● The community could be more connected/ invested and behind the house. We need to get the African American community-engaged, supportive, and knowledgeable of the house.
● We must carry through on what we promise!

Section 2: DWH Purpose - Initial Ideation

2.1 The Diane Wade House Core Description or "Elevator Pitch"

The DWH is:
A culturally-specific, trauma-informed, safe, and empowering transitional home.

For:
Black and African American women and female-identified individuals.

Who are:
- Involved in the criminal justice system/justice-involved
- Reentering society from jail and/prison.

What we do: The DWH
- Provides secured housing and a safe space for women to process past trauma, heal, learn, and prosper.
- Offers culturally-specific and trauma-informed programming for the women - including family reunification, peer mentoring, education, skill development and connection with employment.
- Provides access to/referral services for mental health care and substance abuse challenges.
- Facilitates support and healing alongside other Black & African women who have some of the same lived experiences.
- Empowers black women to discover and play to their strengths, supporting them to reach their goals of who they want to be in their family and community. We help them to gain new skills and get connected to resources in the community.

2.2 What makes the House a unique force for change

Focus on empowerment:
- Empower residents and helps them to succeed, creating a safe, sober space.

- Supporting a culturally specific and trauma-informed healthier, self-sufficient lifestyle.
- Creates an opportunity to reimagine their lives with unique support and new opportunities.

A safe and supportive environment for healing:

- We create a safe, supportive environment with resources and support to help women reconnect with the community and successfully exit the justice system.
- Providing an environment for healing and restoration, regaining their humanity.
- We offer an environment in which African American and Black women can heal, be nurtured, and thrive.
- By supporting their choices of a healthier, self-sufficient lifestyle.
- A home that is warm, welcoming and embraces all women who identify as African American.
- Afro-centric responses in housing, services and resources that values the healing process that these women need.

Core services that are Afro-centric/culturally specific:

- Peer mentoring, career and economic development, trauma-informed care and referral services for mental health and substance abuse.
- Providing education, skill-building, reunification services.
- Workforce development, family reunification, trauma-informed care services, and alternatives methods.
- Services and classes that will teach women how to be successful, safe, and nurture them to be productive, healthy individuals.

Section 3: Physical Environment of the House

Question asked - Keeping in mind the most pressing needs of our target population and community, describe the facility design and environment of the house. Apply a racially and culturally specific lens.

Process note - As of 12/10/2020, Section 3 includes insights from the staff and CAB workshops. The community workshop participants have not yet had a chance to answer this question.

3.1 House capacity

- Currently, having 30-35 people in one house is institutionalizing the women. Too much stimulus can trigger residents.
- Preferred 15-19 residents at a time. Find a site that's smaller and more amenable. Explore having two separate homes. The smaller, the better.

3.2 Overall house environment

- **Important theme.** It needs to be a HOUSE. Call it a HOUSE or HOME. Not a facility or building or institution.
- **Feelings evoked.** The environment should be welcoming - like going to grandma's house. The house should evoke feelings of comfort, feeling, joy, and laughter. The spaces should be open, comfortable and homey - designed for healing.
- **Creates belonging.** The house creates a feeling of "reset" - "I'm at home here. I'm going to grow here."
- **Lighting.** Natural and warm light - not cold, artificial white light.
- **Temperature.** Heating is needed. Rooms should be at the appropriate temperature. Meeting spaces need to be heated as well - residents should not have to wear coats to meetings.
- **Wall color.** Should be warm and calming. Often, residents can be triggered at night and this can help.
- **Not noisy.** Consider the surrounding area to ensure that there isn't continuous noise.

3.3 Shared spaces inside the house

- **Home entrance.** It needs to feel like home right at the entrance. No "reception desk".The living area needs to be an open, comfortable, homey space.
- **Space layout.** Having the clinical side and medication distribution separate from the living space would be helpful.
- **Separate spaces for healing.** Ensure different rooms for therapy and counseling - as well as for people with mental health needs.
- **Shared kitchen and dining area.** Have a long kitchen table or shared dining space that encourages conversation. The kitchen space is not only for cooking, but is the heart of the home.
- **Art and artifacts.** Be intentional about the artifacts and decor - the current masks have no story or context associated with them, and can look scary. Provide sofas, pillows, rugs, curtains and other culturally-specific African art/artifacts. The decor ought to speak to something encouraging, lift residents up, and resonate with the women.
- **Refrigerators.** Provide individual refrigerators, so residents can store their individually prepared food.
- **Stoves.** Ensure multiple stoves to encourage cooking.
- **TVs.** Have multiple TVs.
- **Library.** Stocked with novels and workbooks by culturally specific authors. Some residents may not know how to read and write - provide audiobooks.
- **Make space for Black joy.** Music, movie nights with popcorn etc.

3.4 Resident bedrooms

- **Bed layout.** No bunk beds. Have twin beds - two to a room. Be intentional about who rooms with whom.
- **Space for personalization.** Allow for residents to add their own personal touch to their area of the home - such as, putting pictures up.
- **Individual space to store their belongings.** Women often bring belongings in bags. Provide a safe place for their belongings so residents don't have to watch and worry about their things.

3.5 "Welcome amenities" that should be provided

- **Welcome basket in their room.** Frilly and homey, with toiletries, bubble bath, etc. Wrapped and welcoming. *"A welcome basket would make me feel special and like I matter."*
- **Toiletries.** Full size - not travel size containers in the welcome basket for the message they are here to stay for a while.
- **Locked pantry with backup supplies.** Stocked with toiletry donations. Staff could unlock it for shopping in case residents don't like the fragrance they receive.
- **Linen and bath.** Cozy soft throws. New set of sheets - not used. Slippers, robe.
- **Idea.** Get community groups to furnish a room. There are women's groups who would love to do the "pamper-welcome packages". This helps community involvement as well.

3.6 House exteriors

- **Garden and landscaping.** Real grass with a home garden, to grow their own produce.
- **Seating space.** Backyard space to hang out in. Someplace to EXHALE.
- **Area to smoke.** An area on the gazebo to smoke. Seating area for smoking/hangouts.

3.7 Location

- **Considerations to pick the location:**
  - **Residential neighborhoods.**
    - A residential area is preferred.
    - Logistical constraints: Neighborhood agreements have to consider transitional housing status, since this is not a shelter.
    - A place where the women feel like part of the community and have an opportunity to know their neighbors.
  - **Facilities in proximity to the house.**
    - Near transportation - a Max stop close by.
    - Near services residents need to access.
  - **Consider Gentrification.**
    - The NE/SE neighborhoods USED to be "ours" and the people now living there feel that it's always been there's. Address this when locations are being considered. Being successful and

> thriving involves living in gentrified areas regardless. It's also part of the residents and house's responsibility to know their neighbors, be welcoming, have a block party, have a community garden, etc.

- **Specific location recommendations.**
    - NE Portland (CLOSE-IN NE PDX from I-5 to 82nd and North Portland, as well) is the place to have the House. It's the HEART of the community.

- **Risks to keep in mind, while selecting a location.**
    - NE PDX: Some women cannot be in certain areas because of gang affiliations.
    - Sometimes NE PDX is triggering for some women, who get reminded of their addiction and former activities and trauma.
    - Unintended consequences of being placed in a gentrified neighborhood - how would it impact residents?

3.8 Who's in the house

- Residents need to see other women that look like them.
- *"My stages of growth were made better by seeing people and surroundings that look like me."*

3.9 Socialization for residents

- Create intentional spaces for children visiting their mothers in the House. Explore overnight stays for the children.
- Play attention to language. Instead of "Visitation", let's talk about "spending time with kids". Person-centered, empowering language is critical.

3.10 Safety and security

- **Perimeter fencing.** Have a way to keep the house secure and not allow strangers from wandering into the yard.
- **Install keypad on doors.** Have a system to change the code frequently, for the safety of the residents.

Section 4: Programs and Services

Question asked - What services and programs should be offered at the house, to make residents feel safe and welcome - and help them thrive? Apply a racially and culturally specific lens.

Process note - As of 12/10/2020, Section 4 includes insights from the staff workshop. The community and CAB workshop participants have not yet had a chance to answer this question.

PART 1: High-level recommendations

4.1 Design principles. All programs and services must be...

- **Trauma informed**. Justice-involved individuals from addiction or incarceration all have some level of PTSD, often undiagnosed. Addiction/criminality are usually symptoms of trauma.
- **Client-centered.** Clients need to have a voice in determining the services offered. We need to do a formal needs assessment survey, and develop the programming around the individual needs of residents.
- **Offered by trained staff and POs.** All the house staff and individuals interacting with the clients should be trained to provide trauma-informed care.
- **A continuum of care.** Ideally, residents should be able to access the care provided even after they leave the DWH. Focus on providing wrap-around services.
- **Culturally specific**. Designed by people who look like them. Currently, programs are created for and by the dominant culture - and are a part of the same system which oppresses them.
- **Marketed more and better.** We should promote to the community/DOC/potential residents. Provide materials to counselors at CCCF (brochures), videos etc. Reach-ins with DCJ's African-American Program (AAP). Create a Powerpoint so that people can "see" the house so they know what to expect. Put a "face" with the program.

- **Framed with strengths and choice-based language.** Language is critical. For example, let's say "spending time with family" instead of "visitation".

4.2 Explore having "tracks" or "cohorts"

- Explore creating a way for women to work on various topics (family reunification, sobriety, workforce development, etc.) together in cohorts, based on their individual needs and goals.
- Use the term - "Choice Track" - for instance. Focus on strengths and choice-based language.

PART 2 - Recommendations for specific services needed by house residents

4.3 Mental health support

- Mental health is especially stigmatized in the African-American community. We need to normalize having open conversations around mental health and getting mental health support.
- **Consideration/question to answer:** We need to understand and define the levels or spectrum of mental health needs we can support at the house. Some needs may be better services with alternate services. Some mental health needs may be undiagnosed.
- **Additionally:** Could there be two separate houses - one with residents with acute mental health stabilization needs who are symptomatic - and where residents who do not have those needs live separately.

4.4 Training and employment resources

- **Training opportunities.** Design and provide training by and for women of color.
- **Connection with industry.** Focus on industries that residents are interested in, and that pay a living wage. Partner with potential employers that will work with justice-involved individuals. Provide assistance with job searches.

- **Job preparedness.** Residents need to understand what is needed and what to expect when going to a job interview. Offer mock interviews. We can't just do a resume for someone, and expect them to take it from there.
- **Work-appropriate clothing.** Provide support.

4.4 A&D evaluation and treatment (even if not directly)

- The system is a contributing factor to relapse, and justice-involved individuals are often frustrated because they don't know how to navigate the system.

4.5 Other program needs and ideas

- **Coping skills.** Be restorative, not punitive. Criminality classes.
- **Life-skills training.** Skills and tools to navigate through life.
- **Creating goals with vision boards.** It's calming, it's on the wall - and a good everyday reminder.
- **Art therapy.** More opportunities for this.
- **Reunification**. Reconnecting with family and children.
- **Peer mentoring.**
- **Other resources and partnerships:** Dress for Success, SE Works, DOC

Section 5: What Success Looks Like

Question asked - Please describe what this success looks like, for:
- The House residents
- Our larger community

Process note - As of 12/10/2020, Section 5 includes insights from the Staff and CAB workshops. The Community workshop participants have not yet had a chance to answer this question.

5.1 Success for residents

Success is an individual and personalized marker. Success is different for each resident. Do not place too many "off-the-shelf" parameters on individual women who have individual needs. Help women set their own goals and ask them what they want to see happen in their life. Honor the markers women themselves identify as a success.

Success = small steps of progress. Be careful not to define success as all or nothing. We need to define some progress as success. Help women set up individual goals, phases and small markers of success. For some women, even a 30-day stay can be a success. A clean UA for 30 days can be a success. Staying somewhere new for two months can be a success when they've never stayed somewhere new.

Staying on the path to healing and recovery. After residents transition out, they remain connected to the healing and recovery hub. Women are integrated into the community and remain engaged.

Giving back. The DWH alumni group gives back to the community. Women return as mentors - such as through an "each one, teach one" program. DWH alumni collaborate with the community to provide culturally-specific support, such as initiatives designed for BIPOC and Black community members.

We need to celebrate successes. Recognize success with tangible incentives, such as gift cards engraved items with "DWH" on it.

Some specific success markers that could be considered are:
- **Shift in feelings and mindsets**
  - From the Self-Efficacy survey - defining better feelings about themselves.
  - Self awareness. Recognizing self worth. Knowing, "I am enough".
  - Understanding their rights.
  - Relationships: letting go of unhealthy relationships and developing healthy boundaries.
  - Women who live in the house are thriving in life, not just making it through.

- **Transition to independence**
  - Transition to independent living, in stable, permanent housing.
  - Long-term employment with a living wage and benefits. No longer on assistance.
  - Individuals have gained self-sufficiency, are role models, paying taxes, getting a paycheck, being an example of positive living.
  - A returning community member that's stronger than the one that left, mentally and emotionally.

- **Successful treatment and healing**
  - Developing healthy coping mechanisms.

- **Reunification**
  - Reunification and healing with their families and children.

5.2 Success for the community

The DWH has a stellar reputation in the community. Make this a place that women WANT to go to. Achieve better collaboration and partnership among agencies so the stakeholders are mindful about how they're working together, how it's presented to the clients, how it's presented to the community at large.

Diane Wade House 2.0 is embraced by the community. Increased awareness and community engagement with the house. As it becomes successful and the community at large is seeing how women have moved

through and achieved success - we start changing mindsets. The African-American community embraces the DWH.

Integration between residents and community. Re-establishing networks.
For women who are JIIs, their ties to the prosocial community have been cut, and they need reintegration with family, support network and community - and it's important those networks are grown while they're living at DWH. For example, host graduation ceremonies where the community would attend.

As women transition out, they become agents of change in the community. For example,
- Group outings. Mentors take residents out, but expand to community events that would be meaningful and help with community connections.
- Teams of residents or alumni in DWH t-shirts serving meals to the houseless, or at other events.
- Educational opportunities.

Wholehearted support from the community. The community is collectively involved in the upliftment of the women.For example, help and support from businesses, the community has knowledge of the House and supports the house residents, and community partnerships.

Funders considerations. The founding community feels good about their investment and impact.

Some specific success markers that could be considered are:
- Increase in the number of mentors.
- Reduction of numbers in the system.
- Recidivism data
- Retention
- How we are measuring "impact": Explore the role of a smaller program with deeper impact, instead of just the number of residents

Section 6: DWH - Core Values

Question asked - What are the Core Values the House should be grounded in?

Process note - As of 12/10/2020, Section 6 includes insights from the Staff workshop only. The Community and CAB workshop participants have not yet had a chance to answer this question.

6.1 Draft Values

- **Safety**
- **Healing**
- **Accountability.** Everyone understands the expectations and House rules - and follows them.
- **Community**

6.2 Considerations while determining values

- We need to make the values real - more than words on a wall. We need to define tangible behaviors for each value.
- Use language that is clear and accessible to all.

Diane Wade House Participatory Evaluation Report

Written By: Meagan Call-Cummings, George Mason University

Final report submitted to Multnomah County Local Public Safety Coordinating Council

November 9, 2020

Abbreviations and Acronyms

Abbreviation/Acronym	Definition
BIPOC	Black and Indigenous People of Color
CAB	Community Advisory Board
CRT	Critical Race Theory
DCJ	Department of Community Justice
LPSCC	Local Public Safety Coordinating Council

<h2 style="text-align:center">Executive Summary</h2>

Background and Key Recommendations

      The Diane Wade House, funded by a grant from the MacArthur Foundation's Safety and Justice Challenge, opened in 2018 as an Afrocentric transitional housing program for justice-involved adult women in Multnomah County, Oregon. The goal of the Diane Wade House is to provide gender-responsive, trauma-informed services and support that are also specific to and sustaining of African American and Black culture in an effort to reduce the number of women who identify as African American or Black in the criminal justice system in Multnomah County, reduce recidivism rates, and offer a jail sanction alternative for these women. Since it opened, the Diane Wade House has experienced several challenges. This evaluation was commissioned in an effort to better understand the root causes of those challenges and to provide input for a pathway forward.

      Key recommendations of this report revolve around the need for a reckoning around the deep scars of racism that are woven through the fabric of Multnomah County. These wounds have led to a climate of fear and mistrust that pervades every aspect of life, but that is especially foregrounded in the lives of those involved in the criminal justice system – both those who work for law enforcement and those whose lives are directly impacted by the system. Fear and mistrust have, in turn, led to intractable challenges around communication and collaboration, which have rendered the daily work of this program virtually impossible and totally unproductive. In addition, the tokenization of Black people, especially but not limited to those in positions of authority and leadership both at DCJ and within other offices in Multnomah County, have led to a lack of trust of and respect for any attempts at collaboration around or co-creation of solutions. While the formation of the Community Advisory Board is widely hailed as a monumental and long overdue success, there is widespread doubt that it will be empowered to take any meaningful action and concern that it will be another superficial attempt to placate repeated calls to dismantle structural racism. While other specific, actionable recommendations are provided later in the report, it is the overall finding of this evaluation that if Multnomah County leaders and policymakers, as well as senior leaders within DCJ, do not begin this racial reckoning immediately and in profoundly real and deeply uncomfortable ways, the Diane Wade House will not be successful, its lofty goals will not be reached, and Black women involved in the justice system will once again be left to fen for themselves amidst structures and systems that are set up for them to fail.

Purpose

      During a three-day planning session in September 2019, committee members and stakeholders representing the Diane Wade House, Department of Community Justice management and staff, Multnomah County, the National Center for Victims of Crime, the African American, recovery, and criminal justice-involved community living in and around Multnomah County, and others expressed their desire to answer the following evaluation questions:
1. How have individual residents of the Diane Wade House experienced **success** during and after their participation in the program?
2. Does **trust** exist at every level associated with the Diane Wade House, both internally and externally?

3. Is **communication** effective among all stakeholders, both internally and externally? Does collaboration exist?
4. Is there shared **decision-making** and power among stakeholders?
5. Do **staff and leadership** (House, Department of Community Justice, Bridges to Change, parole and probation officers, others) have appropriate skills and knowledge in order to effectively serve the residents?
6. Is there fidelity to the **original intent** of the Diane Wade House?
7. Is there stable and adequate **funding** to achieve the mission of the Diane Wade House?

In 2020, programmatic shifts necessitated a re-visioning of the Diane Wade House and its associated evaluation plan. In retooling the evaluation plan in response to the re-visioning process and also the global COVID-19 pandemic, which required that I conduct a short-term evaluation virtually, I endeavored to honor the work of the 2019 evaluation committee and to balance that commitment with a goal of engaging in reflection and forward thinking in order to lay a solid foundation for the Diane Wade House revisioning process. It is in this context that I planned and carried out the evaluation of the Diane Wade House, in consultation with the evaluation committee.

Methodology

Participatory evaluation is an approach to program evaluation based on the core tenets of participatory action research, which is research that engages stakeholders closest to a particular issue, concern, or problem to better understand that issue, carry out research around that issue, and then communicate findings and make recommendations for change. In participatory action research, the voices and experiences of those typically pushed to the margins of society and often not included in research processes (except as "subjects"), are co-researchers, necessary for an authentic knowledge creation process to occur.

From August to October 2020, 42 semi-structured interviews were conducted using the interview protocol found in Appendix A of this report. Sarah Mullen (Multnomah County) facilitated connections with those who had been identified by the group. As a part of the interview process, each interviewee was asked to provide other names of people who should be interviewed as a part of this evaluation process. The intent was to guarantee wider inclusion of community member and stakeholder experiences and perspectives than if one person were to provide a list of all persons to be interviewed. In addition to these more structured interviews, two "testimonials" were provided by women who were former residents of the Diane Wade House. After interviews were conducted, follow up conversations were conducted by email, phone, and video conferencing if clarification was needed. The data was then analyzed by repeatedly listening to the recorded interviews in order to center the words, experiences, and humanity of those who offered their time and expertise. Upon completion of the analysis, this report was drafted.

Findings

People who were interviewed identified several existing strengths and assets of the Diane Wade House. The majority of interviewees identified the recently formed CAB as a significant asset. The CAB includes several long-time members of the Multnomah County nonprofit community as well as the African American community. They hold great historical memory and have unique perspectives, experiences, and sets of expertise that can be a valuable resource for

all stakeholders. CAB members have expressed their eagerness to support staff, management, and residents of the House, including but not limited to skill development.

Many challenges were identified by interviewees. Every person interviewed agreed that the dormitory style, size, and physical location of the House are not trauma-informed and work against possibilities for success. In addition, there are no shared understandings or definitions of framing concepts like "Afrocentric," "culturally-specific," and "shared power." There is significant lack of transparent and consistent communication across the board, both internally at DCJ and Bridges to Change and externally among stakeholders. Complicating all of this is a finding that the historical context of Multnomah County and the treatment of African American people here is still playing out. Ultimately, many feel that this context has meant that optics and politics have been more important to policy makers and leaders than the success of residents and the House.

In addition, another concern is that relationships between House staff and managers and parole and probation officers and managers are not, in general, collaborative or productive, although there are select individual exceptions. Trust has been broken by miscommunication, lack of communication, power dynamics not questioned or made explicit, assumptions around each other's intentions, and a lack of clarity around roles and responsibilities.

Finally, a group of findings suggest that, while the peer model has been and continues to be useful in providing role models for residents, it can sometimes come in the way of the success of individual residents. In addition, all interviewees agreed that House staff do not have the necessary training to appropriately support residents who have mental health symptoms, which has led to a reduction of referrals of women who display mental health symptoms, thereby reducing the House census and negatively affecting how House success is measured and reported.

Recommendations

Actionable recommendations include a need for stakeholders to define the mission, vision, and scope of the Diane Wade House and its programming. Framing terms including "Afrocentric" and "culturally-specific" should be collaboratively defined and then shared widely and with opportunity for feedback. The report includes a recommendation, based in perspectives shared by interviewees, to learn from past mistakes and to not rush decision making. All interviewees agreed that the physical location of the Diane Wade House must be changed, including a need to "right size" the facility and to not reproduce institutional structures. Related to the reduction in capacity is the need for collaboration around an official needs assessment as well as a need to create a set of criteria, based on desirable outcomes identified by a representative body, that will clarify who should reside at the facility. Related to the recommendation to better understand and agree on who would most benefit from the House is a need to provide significant and ongoing mental health training to staff, or to hire a clinician to support residents who display mental health symptoms that are beyond the ability of staff to address. Stakeholders may need to consider a revision of the peer model.

This report recommends that all stakeholders engage in intentional, consistent, trauma-informed sharing of power and collaboration. Stakeholders should define what shared power looks like at every level and within every stakeholder organization and create accountability structures and processes that regularly assess success in working toward and enacting shared power. In addition, parole and probation officers and managers should engage in facilitated dialogues with House staff and management to repair relationships and trust that have been

broken. These must occur if DCJ plans to move forward with the same staff in place with the same responsibilities. In addition to facilitated dialogues to work toward healing and greater understanding, roles and responsibilities of parole and probation officers and House staff and management should be clarified and delineated.

In addition to facilitated dialogues specifically between House staff and parole and probation officers, all stakeholders should engage in facilitated dialogues that explicitly address issues of structural racism and the history of racism in Multnomah County, including how structural racism plays out in County work. Leaders should be open to considering how people who identify as African American and Black have been tokenized or how optics and politics may have been considered before or ahead of realizing the vision and mission of the Diane Wade House.

Finally, appropriate stakeholders, perhaps led by members of the CAB, should create a 5-year plan that includes a theory of change and/or logic model and an ongoing evaluation process that is connected to that theory of change or logic model and which reconsiders what individual and program-level outcomes are important and meaningful for all stakeholders. The evaluation should have an equity focus and should center the lives and voices of those directly impacted by the program. A collaborative group needs to clarify indicators of "success" (outcomes) for individuals and the House in order to monitor and evaluate the program. Because infrastructure required to provide quality support for residents is lacking, consider not referring or accepting any more potential residents until these recommendations are addressed.

What is Participatory Evaluation?

Participatory evaluation is an approach to program evaluation based on the core tenets of participatory action research, which is research that engages stakeholders closest to a particular issue, concern, or problem to better understand that issue, carry out research around that issue, and then communicate findings and make recommendations for change. In participatory action research, the voices and experiences of those typically pushed to the margins of society and often not included in research processes (except as "subjects"), are co-researchers, necessary for an authentic knowledge creation process to occur.

In typical approaches to evaluation, an outside researcher comes into a community and does research 'on' that community. They might examine various statistical indicators of change or program or individual success; they might interview various stakeholders; or they might hold focus groups with a rigid set of questions. In participatory evaluation, a group of stakeholders closest to the issue at hand (in this case, the Diane Wade House), create a research collective, which then works together over a period of time to:

1. Articulate what they value or their theory of change;
2. Create core evaluation questions based on their values or their theory of change;
3. Decide upon appropriate data collection and analysis methods;
4. Carry out data collection and analysis;
5. Communicate findings and make recommendations to appropriate persons or groups.

Participatory evaluation, like participatory action research, puts those most knowledgeable about an issue – or here, about the Diane Wade House – at the center of the entire evaluation process. Diane Wade clients get an opportunity to be a valued and valuable part of the process, as do house staff, program staff, community members, and even members of the leadership team. We all work together, as co-researchers, equal members of an evaluation team, to better understand how the Diane Wade House is serving its clients, what is going well, and what can be improved. While Dr. Call-Cummings, who is not a member of this community, will be part of the research collective, she will act as a facilitator of the process, not as someone coming in to evaluate the relative success of the program. She will help in whatever ways are deemed useful and appropriate by the rest of the evaluation team.

History of the Evaluation

During a three-day planning session in September 2019, committee members and stakeholders representing the Diane Wade House, Department of Community Justice management and staff, Multnomah County, the National Center for Victims of Crime, the African American, recovery, and criminal justice-involved community living in and around Multnomah County, and others expressed their desire to answer the following evaluation questions:

1. How have individual residents of the Diane Wade House experienced **success** during and after their participation in the program?
2. Does **trust** exist at every level associated with the Diane Wade House, both internally and externally?
3. Is **communication** effective among all stakeholders, both internally and externally? Does collaboration exist?
4. Is there shared **decision-making** and power among stakeholders?
5. Do **staff and leadership** (House, Department of Community Justice, Bridges to Change, parole and probation officers, others) have appropriate skills and knowledge in order to effectively serve the residents?
6. Is there fidelity to the **original intent** of the Diane Wade House?
7. Is there stable and adequate **funding** to achieve the mission of the Diane Wade House?

These questions were based on the committee members' expressed shared desire for the Diane Wade House and associated programs to achieve positive outcomes at four levels:

1. Individual residents of the Diane Wade House and their families;
2. Staff and leadership of the Diane Wade House and associated offices and organizations;
3. Interested and affected communities in the greater Multnomah County area; and
4. Policies and systems associated with the goals of the Diane Wade House.

Since September 2019, programmatic shifts have necessitated a re-visioning of the Diane Wade House and its associated evaluation plan. In retooling the evaluation plan in response to the re-visioning process and also the global COVID-19 pandemic, which required that I conduct a short-term evaluation virtually, I endeavored to honor the work of the 2019 evaluation committee and to balance that commitment with a goal of engaging in reflection and forward thinking in order to lay a solid foundation for the Diane Wade House revisioning process. It is in this context that I planned and carried out the evaluation of the Diane Wade House, in consultation with the evaluation committee.

Methodology

From August to October 2020, I conducted semi-structured interviews using the interview protocol found in Appendix A of this report. Before starting the interviews, I sent a draft interview protocol to the original evaluation committee that had gathered in September 2019 for review and feedback. At the same time, I requested that the group provide suggestions for people to interview. After feedback was collected and necessary changes were made, Sarah Mullen (Multnomah County) facilitated connections with those who had been identified by the group. As a part of the interview process, I asked each interviewee to provide me with other names of people I should interview as a part of this evaluation process. The intent was to guarantee wider inclusion of community member and stakeholder experiences and perspectives than if one person were to provide a list of all persons to be interviewed. After interviews were conducted, I followed up by email, phone, and video conferencing if clarification was needed.

In September 2020, I began to compile all the data collected and repeatedly listened to the recorded interviews to familiarize myself with the data. I chose to do this listening instead of transcribing the words of the speakers because I wanted to center the words, experiences, and humanity of those who offered their time and expertise, rather than to dehumanize them by parsing up their words through coding or another analytic method. I conducted holistic, open coding as I listened to the recordings. Open coding means that I used the words and ideas of the participants themselves to arrange, categorize, and organize the data rather than laying outside theories or perspectives onto the data. This would maintain the intent of a participatory approach – to position those closest to the Diane Wade House as experts. This open, thematic approach was iterative and lasted through October 2020.

As a culturally responsive evaluation, analysis was informed by critical race theory (CRT), which is a theoretical framework developed in the field of legal studies and taken up in the social sciences to examine society and culture as they relate to structures and systems of race and power. CRT argues that racism is engrained in the fabric of American society and it maintains that white supremacy is upheld and reproduced through U.S. legal, educational, and social processes and systems. According to this theoretical framework, in order to move toward racial emancipation, society must transform the processes and systems that sustain a white supremacist order. CRT is the basis of recent developments related to unconscious or implicit bias in interpersonal relationships and, more acutely, in legal systems and structures, including the criminal justice system. CRT centers the narratives and lived experiences of those who have historically been marginalized, harmed, and exploited by the U.S. legal system and associated social structures. Therefore, in order to take this framework up through this analysis, I centered the analysis first on the testimonies of those who have been residents, staff, and management of the Diane Wade House (insiders). Second, I analyzed the narratives of those whose professional and personal circumstances position them outside of the Diane Wade House (outsiders). Finally, I analyzed the 'insider' and 'outsider' narratives in relation to each other to better understand how structures, policies, practices, and norms are differentially experienced. This led to findings and recommendations on steps that can be taken to question current structures, policies, and practices, and imagine new ones built on the knowledge shared and produced through the narratives gathered for this evaluation.

Upon completing the analysis, I drafted this report. This report has been submitted to the original evaluation committee members (who are still in the positions they were in when the evaluation committee was formed) as well as those who were interviewed. Each person has had

an opportunity to review the contents of the report and provide written or oral feedback. If a person has offered feedback that asks for or suggests a change, I have made those suggested changes. If conflicting suggestions were provided, I have included both perspectives, usually together within the report (e.g. on one hand…on the other hand…). Originally, we had planned that once all feedback was incorporated into the report, I would hold a virtual focus group with the original members of the evaluation committee to review the report and offer an opportunity for additional feedback and debriefing. Instead, I chose to hold three separate groups to facilitate open, honest dialogue, which would yield more useful feedback. After these focus groups, I incorporated other changes as deemed necessary into the report. I then submitted the final report to Sarah Mullen and Abbey Stamp, who represent Multnomah County's Local Public Safety Coordinating Council and who will distribute as appropriate.

Participants

Forty-two interviews were conducted for this evaluation. In addition to interviews that followed the interview protocol included as Appendix A, I contacted two former residents of the Diane Wade House and they were asked to offer their perspectives and experiences in the form of "testimonials." This was done intentionally so that these people were not re-traumatized by strict interview questions, which may have pried into areas and histories that were uncomfortable or traumatizing for these women. Rather, a testimonial process put these women into positions of power to offer what they wanted to share and nothing more.

In Table 1, below, broad, organizational identifiers detail who was interviewed. Because I agreed not to release names and to maintain participants' anonymity and confidentiality in order to garner honest and authentic responses, I will not share identifiers beyond what is listed below.

Organization Represented	Number of Interviews
Department of Community Justice (Senior leadership, POs, managers)	14
Diane Wade House (management, staff, residents)	9
Bridges to Change	2
Multnomah County (other than DCJ)	8
Community Advisory Board	4
Other (other nonprofit, external partners, community members, etc.)	5

Table 1: Interview Participants

I provide Table 1 to show whose voices and experiences are represented in the findings.

Testimonial of Agita Johnson, Former Diane Wade House Resident

My name is Agita Johnson. I was at the Diane Wade House from November 2019 to February 2020. I'm born and raised in Portland, Oregon. I'm 38. Pregnant. This is my fourth baby. My other kids are older and out. I have an eight-year-old and I'm still involved in her life.

I was on parole since I was 18. I got on probation as adult. I went to prison in 2003 for my first time. When I turned 21 I went to prison the next day. I've been to prison three times. I was on probation Columbia County, Washington County, paroled in Multnomah County and probation in Multnomah County. I kept praying, "Lord, please put me around people like me." I had this warrant out for me. All I wanted to do was get off my auntie's couch. All I wanted to do was be around people like me. That's not a color thing. I'm saying people who are trying to do right. People who know the Lord. People in recovery. People who are striving for greatness. We can relate to each other. Those are the people I wanted to be around. But I had this fear. And so, then I just stopped and I was like, "Okay, I can't let that fear conquer me because then I'm gonna be sitting right here and those doors that the Lord wants to open for me, he's not going to be able to be open because I have that fear." And so, I just called Rochelle and I was like, "Look, I'm clean. I want to turn myself in. I want to get this warrant off my head because I just want to do better." [Rochelle] was like, "You got to get a way to turn yourself in." I didn't even have any bus fare. I couldn't find a way to turn on my cell phone - nothing. I was going to walk down to [the court] if I didn't have a way but I ended up calling a friend and he came and got me and he dropped me off at the Justice Center and I checked myself in. Rochelle came and got me and she dropped me off at the Diane Wade House. I had been dropped off at the Diane Wade House earlier, I think that year like February and I left in a couple days because I wasn't ready. This time I was ready and I stayed. I could have been there longer, but God had other plans for me.

So, when I stopped running and I started accepting accountability for my actions and just learning how to accept help without caring what other people thought. I had a goal. And then it was to, you know, do what I needed to do to start living a life that I know I'm worthy of living. They say if you change your thoughts, you can change your life. And that's real, it starts with realizing that you're done, and you're sick of the life that you used to live. I've been searching and seeking and trying to figure out how to break the cycle, that pattern, that lifestyle. Through the grace of God. He showed me a way. And today, I just live my life. I'm happy. I know that when you make mistakes, that's not it. You know, a mistake is past tense, and you don't have to repeat those same mistakes. If you just take a look at your life, accept accountability, and work on doing better than what you were doing yesterday. And you have to change your environment. Sometimes it's sad. It's not easy to let go of what you're used to, but you can't say you're tired. If you don't want to let go of what you're used to. What you're used to, if it's not bringing you any peace and joy and love, you gotta let it go. God has doors that no man can shut.

In the morning when you get up and they ask us about what our goals are for today, or for the week, stuff like that was just really helpful. Sometimes you'd be like, "Man, I don't want to get up early in the morning," but it just teaches you how to get up in the morning and get your life on the road. So, I really appreciate those groups. I really appreciate their support and their help. And also, it's like, you can't just go to a place and expect for people to hold your hand through everything because I don't get my hand held through nothing in life and I'm okay with that. I've got to find my own way, but I have counselors that will help me. You're not gonna go hungry. They're there to help you, they do take you grocery shopping, but they help you. You can ask them to look up something for you. They look it up for you.

When I got into the [Diane Wade House] and I was able to get a refrigerator. You go grocery shopping for yourself. I was able to cook for myself. I can cook! That really helped my self-esteem. It got me family-ready. It just gave me confidence – I can cook! People like what I cook! My kids are going to love what I cook! And you learn coping skills, you learn how to deal with situations in a productive way instead of going back to the streets. They don't care about you. The streets are always gonna be there. You see the same people. Some young, some old. This life is better. You gotta want it, though. I don't want to do anything else. The street is not important. You just keep your eyes on the prize, you surround yourself with people who are doing what's right then you're gonna follow that bandwagon. You're just going to blend in. That's something good.

But you have to be willing, you have to be willing to cook, you can't depend on anybody, otherwise you're just going to be sitting there in that Bridges to Change place, waiting and waiting and waiting and waiting while you're there. Okay. Some people need the time to sit down and get their mind together. Your transition is to try to learn how to be a woman, try to learn how to be a person, a mother, a friend, whatever it is that you need to learn how to be. But it's not for everybody. You can't sit and complain. What I learned there is that if you want it, you have to get up on your own two feet and walk through that door yourself.

So, that's what it was for me. I learned to be truthful and honest and I don't have to lie to get what I want. I don't have to manipulate to get what I want. I don't have to sit down and I don't have to pout about it. Just because one person tells me no doesn't mean the next person isn't going to tell me yes. That right there feels so great. I *do* belong. You know? I *do* belong in this society. I *can* function as a productive woman in society. My past does not determine my future.

Then I got role models before me. It does make a difference when you see your own race doing things when you've been told that this is where you come from and this is what it is, it *does* make a difference. It makes a difference when you see people that have been through what you've been through. Doing the same thing. Doing better. Showing you that this could happen. This can be you. And there's no time limit on success. Everybody has their own success.

From the time I made that decision to turn my life around, to be accountable for me, to do what's right, my life has been coming together. I have everything right now. Everything that I thought I was hustling for in the street or manipulating for in the street. Look at all those years it took from me. I've gotten it back and then some. I get to live today. It was because of those women that I saw there that helped put that in me. And that's why I do love that program. They give you chances. They don't have to worry about you. They trust you. They trust your word. They trust your character. That is an amazing feeling. That means you're doing something good, that means you're doing something good. I was really grateful for that experience.

I'm really grateful for Rochelle Reed for not giving up on me. She would hold me accountable when I would be wrong. She always gave me a chance to, you know, to show her different. And I'm grateful for Bridges to Change. Because they gave me a place to stay, when I needed it, and the support there and all the women staff there. It was more like a family there than a program, you know? So, I was able to transition from there to the Blackburn Center. And I graduated intense outpatient treatment. And they were very proud of me and I've never had people like that just so proud of me, you know, happy and believing in me. I'm in my own place now. I have a full-time job and good coworkers, a good boss. So, that's where I'm at today. I'm grateful for all the people that the Lord has put in my path, you know, starting from Rochelle Reed.

I was addicted to clothes. I was going into the stores and stealing that stuff. I don't have to do that today. Haha. I don't have to do that today! Today I got my own place and I have so much more than I ever thought I could have from hustling in the streets. I worked for that. I got my job, my paycheck. Oh, and I've got my license. I got my driver's license. I've got full coverage insurance. And if it wasn't for houses like that, if it wasn't for God putting me in places like that…My life, it's changed. I'm grateful for the staff there. I'm grateful for the girls that I met there. And they're like a family there. They do the job, they keep the boundaries. But they love you there. And I think that there should be more houses like that. They really help a lot. I'm grateful. I'm grateful.

So, I've been clean and sober for a year now, yes, thank God, I couldn't do without him. I was going to do a custody thing with my daughter and by the grace of God, I'm still involved in her life. So, you know, straightened up my life and got my life back. And I'm grateful for that. She's 8, she's happy that she's about to have a new sister. She's in a process of being adopted, but she gets to keep her last name. Actually, her adoptive mom, she let me come out there and be mother earlier this week. She was originally with my sister. They ended up moving her from my sister and placing her with this white family. Which I didn't know what to expect, right? It doesn't matter because what the color of our skin is. God created us all, and they love me and I love them. They accept me as a part of the family and I'm grateful. They accept my new baby. I'm grateful because if it wasn't for certain situations in my past, and if it wasn't for my daughter, you know, God, putting my daughter and my life, then I wouldn't be able to have this extended family that I have now. I'm grateful to be a part of. And they're grateful to be a part of me. With that said, though I straightened up my life. I get to be in my daughter's life today. I get to watch her grow up, you know, I get to be mom. I get to be, you know, friend. I have extra family members that support me. I didn't used to get that.

Testimonial of Quay Matthews, Former Diane Wade House Resident

I was born in New York City, New York in 1967 and I had two siblings and mother and father. I was there for 13 years before we came to Oregon. I started smoking marijuana in eighth grade. I started drinking in the ninth grade. I had my first introduction to cocaine when I was 18. My cousin is the one that did it. I'm inhaling, I'm being greedy and I'm inhaling, not realizing I'm putting myself in danger. I almost overdosed. I laid out in front of a fan. I could hear everybody talking, they were telling me to get up and I couldn't even tell them, "I can't." That was my first experience with drugs. Let me back up a little bit.

My first drink was at six years old. My father was an addict. He would drink at the football games. He had this silver cup. At the football game I would sneak over and sip and then after he gave me a cup and was like, "Here, you sneak it so here. Take it." I got drunk! My mom was so angry with him! She put me in the tub. I don't know what it was about that warm water. I brought up everything.

My mom was an enabler. My dad was a functioning addict. That's where I learned physical abuse. That's why I learned anger. That's why I learned verbal abuse. That's where I learned not how to trust. That's where I learned a lot of fear.

I lost my sister when I was 10. She was murdered in New York and thrown into the East River. My brother died in 2008. I was in my addiction. Let me back up a little bit. So, coming from New York to Oregon was a culture shock for me. So now, I'm here. I want to be a part of [everything]. So, I start acting like other people, forgetting all about who I was. People pleasing. Trying to fit in. Not sure of what was going on. Very afraid of the unknown. My dad was very abusive to my mom. I saw a lot. And I became abusive. So, adding the drugs to me being abusive turned me into a monster. I can remember when my sister passed away we went to the airport to pick her up and she never got off the plane. So, then my mom, she believed in God and then she was angry at God. And that went on for a while.

My dad came to Oregon first. Now mind you, I'm a little girl. So, I've been told that my dad's job transferred him. But a couple years ago I found out my dad molested my sister. Which is not his biological daughter. So, for all these years. And then I got angry because he passed away – now I can't ask him questions.

I never wanted to be an addict. I wanted to be a model. My mom had me in all these fashion clothes, I modeled for a country club. Then I modeled for one of the design schools where they made the design clothes. Wonderful stuff, right? Then that wasn't good enough. I needed some security. I began to deal with gang members. So, my first daughter's dad is a Blood. He was cheating on me. So, for me, I went to the Crips and had a baby. I love my children. Five have four different fathers – they're all gang members. And what I found in the gang was I found a lot of security. They showed me no fear. So, I knew I was going to be well protected. Because my mom was paying attention just to my dad. And I didn't know it was neglect til I got older. I was a daddy's girl. I was a daddy's girl. I really, really was. When I was 16, he punched me in my eye. Because he came home drunk and I asked him to help me with a math problem. And I got hit in the eye. So, I had to go to school the next day. I told the teachers that I ran into the door. I was 10. I started selling weed in eighth grade. And the reason I got busted was because this kid wanted me to give him a deal, like 2-for-1, and I wouldn't, and you know, he went and told on me! Oh yeah, when I got home I got my behind whooped. And now I have to have school court with my parents there.

I would sing. I was acting. I was in plays, all that stuff. My mom started putting me in dance schools at three. So, my start was good. But as the years went, there was a change, and I wasn't aware of it. That things were getting worse, til I got older. So, you know, came here, they tried to kill my dad, my nephews, ran him out of New York. They were going to kill him. If you knew that, why would you send me to him?? What made you send me to him? Why would you do that? I never got the answer.

It's by the grace of God that I'm alive today. Period. In high school, then the gang members, then I had kids. Well, one thing's for certain. Every time I got pregnant, I couldn't use drugs. My kids were never drug-affected but as soon as they came home, that was a wrap and I would start up with the weed, and then the alcohol, and then the crack. I drank so much alcohol I got pancreatitis. I've had pancreatitis for 20 plus years.

So, just imagine living life. There's confusion. There's abuse. There's drugs. And when I say abuse – physical, mental, emotional – that's a lot. It's a lot for one person, you know? My mom had sent me to California to try to get clean with my kids. I've been to almost every treatment center in Portland. But it was something about the Diane Wade House, I'm a tell you what it was. It was a program called woman's first. It's a culturally specific empowerment program for women. Now I've gone through all these treatments. The fourth month and I'm out, I'm back on the streets using. Back in jail. Can't wait to go get out and go to the next one. Doing this hustle. Sleeping with men. Doing things that I saw people do that I said I would never stoop that low to get anything. I absolutely did. So, to justify my behavior of using I would go get men that were selling the drugs so that my kids will be taken care of. This is a justification. Is it wrong? Absolutely. I'm justifying – I'm okay, my kids never wanted for nothing. So, I don't want to hear nothing. I would give them money and send them on their way.

I don't ever want to feel that way again. I was disrespectful to my mom. Because she came to my house, pulling everybody that was selling drugs out of my house. And I called her a bad name because I was getting loaded! Now you're interrupting my session. Really? I would give anything in this world to hold my mom one more time. And to ask for forgiveness and be able to see her face because when she passed away I was loaded. And it took me 15 years. It took me 15 years to get one day. I just started grieving my mom. I just started forgiving her for leaving because what I had to realize was that it wasn't her fault. So, I was like, "Why would you leave me? Now who's gonna watch my kids when I go get loaded? Who's gonna watch my kids when I wanna go have fun? To sleep with this man. To get money for the kids. Who's gonna watch them?" Now I'm panicking. The struggle is real.

That's dysfunction. My oldest daughter had to raise her sister and brother. So, a lot of her teenage years were messed up. My younger ones were suffering because of the choices that are my daughter's. She didn't have a clue. She's doing the best she can with what she knows. Period, you know? So now I want to be their friend. I don't want to be their mom. That's too much responsibility. I want to be their friend. "Let's kick it." Smoking weed, drinking. That made it worse because I was parenting out of guilt for what I had done or didn't do. I sold my son's pet for drugs. I used my son's window in his room to sell drugs out the window, then I became my best customer. I was in such a zone. I had a couch in my living room that had pineapples on it so that it looked like little roaches but they were pineapples. So, I think there's roaches all over the couch so I pick up the whole couch myself and throw it over the balcony. Into the courtyard! The kids woke up. They're like, "Mom, why is our couch out there?" To be honest, I can't even remember what excuse I gave.

I tell you, crack cocaine is no joke. I've had meth. But it was okay because I didn't tweak. I cleaned up. For some reason, I guess I wanted to tweak on the floor so I went back to crack. But with meth I was skinny. In 2008, my son was about 10 and I was wearing his clothes. He was wearing a size 10 boys. Okay. I'd be in his room and he'd be like, "What are you doing?" "I need something to wear." And he's looking at me like, "What's going on?" I don't care.

I've got into physical altercations with my daughter, because she's tired of me being high and she's calling me by my name. "Okay, that's enough. I've had it." I was wrong, but you can't tell me I was wrong. That's not how a mother is supposed to be. You're supposed to love, teach, cherish when they do good. When there's something wrong let them know when there's something wrong.

Diane Wade House has allowed me to have 18 months clean on Thursday. It took me 33 years to get 18 months clean. And by the grace of God I do not look like all the drugs I did. I will forever be grateful to Bridges to Change and Women's First. I'm gonna say that because [the Diane Wade House] allowed me to clean up my inside. Because it was nothing for me to walk around and have my face mask on. But when I had to clean my inside and come from the core – don't want to do it. I did *not* want to do that! I needed to go find me a man to take care of me – and my grandchildren.

So, my mentor was like, "No, no, no, no." As soon as we got to the meeting I needed to go find me a man. I can't do this by myself! I had no clue. I've always been in a relationship. Always. "I don't even know what you over there talking about. It don't even matter. I need to go find me a man, cuz my grandbaby needs this. My kids need that. Christmas is coming. Birthdays are coming." She had to really sit me down and look me in my face and be like, "That's what you've always done." So, when she said that, that irritated me. I went to my room, and for some reason when I walked through my room door, "She's right. You decided to change everything. So, don't – don't go back now."

March 23 of last year I attempted suicide. That's my mother's birthday. I have this one ex, that if I call him right now, by the time I get off the phone he'll have a plate full of drugs to me. Because that's how he had me for six years.

This journey. I thought I was gonna lose my life. I didn't grow up saying I want to be a crack addict. I don't regret it anymore because it's taught me to fight for my life. That I deserve to live. You know, I have 11 grandchildren. They never have to see me loaded. Never. And I'm going to give back what has so freely been given to me. My strength, my experience, and my hope.

April 1, 2019 when I walked into the Diane Wade House was the best decision and the best surrender I've ever made in my 54 years of life. I'm a miracle. I'm a miracle.

I have been so loaded that I gashed my head open and when I woke up I continued to use! I wish there was a word bigger than insanity because that was completely insane. And that's happened like three times. Addiction sucks. But I'm grateful though. Because I've got a story to tell. I can help save somebody else's life.

I matter. I matter. And it's taken a lot for my children to be okay with me because for so many years it was, "Oh, I'm not going to get high, I'm not going to get high." I was high when I said it.

I went to high school with Diane Wade, we were friends. She did a wonderful thing, Diane. I'm grateful. I have completely surrendered. I'm a very spiritual person. I feed the homeless today. I go get bread, sandwich meat, peanut butter and jelly, and go on the bus and go

feed the homeless. I can do that today. I get to do that today. I have a purpose. If I help one person I have changed the world.

Findings Introduction

Two testimonials from former residents of the Diane Wade House are included above with the aim of foregrounding the lives and experiences most directly impacted by the Diane Wade House. It must be noted that, according to some of those who have resided at the House, it has saved lives, and it has begun the process of shifting the trajectory of generations of Black and African American women and their families. Yet, as these testimonials introduce, there is still work to do, improvements to be made, challenges to overcome. The findings for this evaluation seek to emphasize successes and assets that have been identified by those interviewed, but also to remain realistic about the challenges that are still present and the work there is to be done.

Findings for this evaluation have been categorized based on the questions created by the evaluation committee in 2019, which are tied to the values the committee identified as shared and important for individuals and organizations connected to the Diane Wade House. These findings are intended to be forward-facing, to contribute meaningfully to the revisioning process, and to not dwell on past concerns, missteps, or miscommunications, although they do take these into consideration. Overall, I have endeavored to provide the many varied experiences with and perspectives on the Diane Wade House, its history, and its future. This is no small task, for not only are there many perspectives, but often these perspectives directly contradict one another. This is one reason why the findings are so long – I have tried to be as comprehensive as possible while shedding light on differences and similarities between and among perspectives and experiences.

The goal of this evaluation is not to provide verifiable facts. Rather, it is to present the many voices and varied experiences related to the House, for one's experience is their reality and their truth. Therefore, these findings aim to use examples, experiences, and insights from people who are closest to the Diane Wade House to provide possibilities for moving forward in ways that are in keeping with an empowering, equity-focused, culturally-specific and sustainable approach.

The goal here is to take a new look, interrupt taken-for-granted assumptions, and re-envision what this House can and should be. One participant summed this intent up with a rhetorical question:

> "At what point do we stop and reevaluate and have an entirely different look at what we're doing so that we can make adjustments? I think that's been really challenging for all parties from what I've seen."

Another person involved from the beginning of the project said, simply, "It needs a restart." My hope is that this evaluation report will inspire that restart and, as Erika Preuitt, Director of Multnomah County's Department of Community Justice, said, "learn the lessons of the past and emerge anew." My hope is that this evaluation report will allow stakeholders across Multnomah County to stop, learn lessons, take an entirely different look, and make necessary adjustments to move forward in a way that honors those whose lives have been and could be changed at the Diane Wade House – even if those adjustments are uncomfortable or require an investment of time or money.

It should be noted that there are significant intersections and parallels across the findings. For example, success is tied up with trust and effective communication. Lack of effective communication has led to a breakdown in trust. Success cannot be measured because of misunderstandings around the original intent. The relationships between parole and probation officers and House staff touches on issues of trust, communication, collaboration, original intent,

staff and leadership training, and possibilities for success. The list goes on. The evaluation's executive summary endeavors to bring all the findings together into a coherent and concise narrative, while I also provide a list of concrete recommendations at the end of the evaluation.

Finally, it should be made clear that I, this evaluation report's author, identify as a White, cisgender, heterosexual woman, and with those identities have come privilege I have not earned as well as blind spots and biases that, while I seek to be aware of and push against them, do inhibit my ability to fully and completely understand the experiences of many who have contributed to this evaluation report – most obviously those who identify as African American or Black. In addition, I have no personal history of justice involvement or addiction, although I have close family members and friends who have had these experiences. With this, I take full responsibility for any conclusions or recommendations that are misguided, any successes that are overlooked, any analysis that is inaccurate.

Success

Evaluation Question: How have individual residents of the Diane Wade House experienced success during and after their participation in the program? What does the Diane Wade House need in order to be successful?

Successes and Assets Identified: "They've been able to create a safe space for Black and Brown women…by the arts and the way that they decided to design the House, and the representation within the staffing of the House. As well as having more women graduate and program and bringing more programming in the House over the past six months."

1. The small and big successes of individual residents in their personal journey of healing should be highlighted and celebrated.
2. Just having the Diane Wade House in existence is seen as a monumental success for Multnomah County.
3. Individualized intake and goal setting processes have been crucial for supporting the women in the ways they need in order to be successful.
4. The Diane Wade House salon helps residents feel a sense of normalcy, respect, and humanity.
5. Culturally-specific programming, including Faith Bridge and the HER curriculum, speak to the needs of residents.
6. Seeing women who look like them and have similar life experiences help residents feel a sense of possibility and empowerment to control their own destiny.

Challenges Identified:
1. The dormitory style, size, and physical location of the House work against possibilities for success.
2. There are no shared understandings of or framing around what an Afrocentric, culturally specific transitional house is.
3. There is miscommunication and misunderstanding around who is appropriate for placement at the House.
4. Resident success should be individualized and measurements should be re-imagined.
5. The referral process is a main contributor to House success.
6. Strong, risk-taking leaders are needed in order for the Diane Wade House to succeed in its goals.

Voices and Perspectives:
Overall, most interviewees agreed, "It's been an uphill battle to reestablish the reputation of the House since the change in House management." There has been frustration with what some see as "People…patting themselves on the back about this program" and an invitation to "come into the room and troubleshoot how we make this a really successful program." Many have worked hard and dedicated significant time and energy to making the Diane Wade House a success, but "the racial overlay in Portland, Oregon hurts this a lot. The history. And the damage done is just so ripe. Our attempts to pilot something really right has been so wrought with challenges." So, while people on all sides have worked hard, "success" for the program has been difficult to define and achieve.

But, responses varied around what success actually looks like. For some, success has been seen in simply having the Diane Wade House, knowing that it exists and is a resource for justice-involved women who identify as Black or African American. For others, success is tied more to individual residents' experiences at the House and upon leaving: "There have been several success stories…some women have been really successful." And still some see the Diane Wade House, while serving individual residents in ways that often support and bring about positive outcomes, as a failure, as it "mimics racist, traumatizing systems of oppression." However, those I interviewed who were residents of the House as well as some staff members, say that the House saved their lives.

Deonica, the Diane Wade House program manager, reported that culturally-specific programming and staff training have been particularly successful over the past six months:

> "We hired a few subcontractors for programming, we had a few staff trained to get their Rent Well certificates, we had a few of the ladies get their Pure Wellness certificates. We started the HEAT/HER curriculum. We had a great turnout of residents who participated in that twice a week. We attended mandatory reporting training. We did some outreach at Coffee Creek to share some information with the women so they can make informed decisions on whether or not they want to come in here. We had some Dual Diagnosis Anonymous classes with a culturally-specific facilitator."

In her listing of these successes, Deonica reflected that there have been "a lot of great things [that were] needed for this House to be successful." She added, "When [Bridges to Change] took a backseat and allowed me to lead the program, I felt like something wonderful happened."

Overall, though, there seem to be competing narratives around need for the House. Six interviewees associated with DCJ and who have significant experience working with the target population are clear that the numbers of potential residents just are not there to fill such a large facility and have said that the program will never be utilized to capacity if other ethnicities are not included or if it is not "right sized." Other stakeholders with different knowledge and experience are adamant that there are many women who identify as Black who need these services and that "there's such a lack of services that really speak to what a Black woman needs to heal, recover, and transition." This narrative competition has led to many of the issues related to not seeing the kinds of success that was anticipated or hoped for. Several more areas of discussion and potential change are listed below.

Physical setup and location are not trauma-informed.

Several interviewees mentioned the salon and decoration of the Diane Wade House as one of the positive aspects of the current facility: "I do appreciate the fact that they have a salon because hair is important to Black women and the way we look and present ourselves…but the dormitory style is a huge challenge." Those challenges seemed to outweigh many of the positives the current facility offers. All interviewees agreed that the physical location and setup of the Diane Wade House is not trauma-informed. One parole and probation officer reflected on the first location: "The first house was awesome. It was a homey home. It was nice to have the driveway, and the front yard, and the bedrooms versus a converted dorm. It just has a different feel. Clients, regardless of who they are, want some space to themselves." Others agreed that "it takes a village so we need it to feel like a close-knit village."

Many reported that they had heard from residents and former residents that it felt like they were "going right back to jail…to an institution." As one parole and probation officer put it, "If you tell those women that they get their own room, their eyes light up like nobody's business. If they hear the word 'dormitory,' it's an immediate barrier." An interviewee who provides programming at the House said, "The House doesn't really lend itself to warm and healing. It doesn't scream 'healing,' it screams, 'I'm still incarcerated.'" Another leader in Multnomah County's African American community said, "They've turned it into a mini institution which is not what we should be looking for to help women come back home. I'm hoping to see it go down from 30+ to maybe 15 so that people can get the one-to-one interactions that they need." Another added that the location should be "a house [that] represents more of what we want the women to transition to."

For those who have trauma experience or who display mental health symptoms, all agreed that there is too much stimuli in the dormitory living setup. Most agreed, "We need to have either double room occupancy or single room occupancy, socially distanced, because now we know COVID is part of our regular vernacular."

Most interviewees also mentioned that the location of the House is a barrier to participation because it is so far removed from the support systems and systems of care potential residents rely on. One interviewee associated with the Aid and Assist program reflected: "One thing I've heard is that it's far away from people's community. So even though it is an African American-centric home, it's still far enough away that getting to the places that they know and the people that they are connected to is difficult." An interviewee who has visited the House often reflected, "Even for myself getting back and forth there. It just wasn't convenient. I only imagine the women who are being served in the House really struggling to find resources and services that far out." Another community member suggested that those who take the House over need to "bring our Black community back to their own neighborhoods."

In addition to finding a different location for the House, many interviewees from DCJ and within the community reported that they knew from the beginning there were too many beds, that the planned capacity was too large, and that the House and program would never be fully utilized as a fully culturally-specific program. Several people interviewed reported that they tried to make senior managers and leaders aware of this during planning phases but that they were dismissed. One parole and probation officer interviewed said that in her experience, African American women in her caseload do not want to participate in a program, but want to return to their family support networks:

"At first, I thought it would be great. They can feel comfortable there, and I know they put a lot of work into the House, like the salon and other little features for them. But I think we found that we don't have a ton of African American women on our caseload – not enough to fill the House – and we really started seeing that these women want to band together with their aunts and uncles and cousins and sisters and nieces. They just have such a huge family network a lot of the time that the majority of them would like to go stay with their own people rather than a program. So, I think the idea was great."

She concluded, "that during the House planning that notion was brought up by Tomasina, who runs the African American program caseload, but I guess it went over someone's head." This theme of many people who had on-the-ground knowledge of needs being dismissed, excluded, or "vetoed" early in the planning phase was echoed by several people who were interviewed.

Several people heavily involved in the process said that because of this, and because the House has been so wrought with challenge and frustration, they are "done". They have "worked

their darndest" and feel like they have gotten nowhere, or have been blamed for lack of success that they warned against early on. One interviewee reflected on her feelings of frustration:

> "From the get go, the House was incredibly political. Even with our very senior leadership knowing what a wreck it is they still continue to stand behind it. That feels really frustrating. I don't know if senior managers are just not in tune with that because no one shoots them straight or what. It feels like we are saving face. I want our county to run programs that are successful and that are accessible, regardless of the population they serve. This program, right now, is not that."

This idea that senior managers are trying to "save face" because the program has not been successful was shared by multiple interviewees.

No shared definition of "Afrocentric"

Almost every person I spoke with either was not sure what "Afrocentric" or "culturally-specific" means or offered their own definition rather than a definition that was somehow agreed upon by stakeholders:

> "Afrocentric…no one could ever define what that means. It was hard to get a grasp on what that meant to different people. There was no shared understanding when we were talking about, 'What is Afrocentric?' It didn't connect with any one particular person."

Without this foundation, including a clear articulation of mission, vision, and scope of programming, most of the interviewees agreed that it is difficult to measure the success of individuals or the program itself. A person close to the House agreed, "It didn't seem like it had any foundational principles around what it was to or for the community. It felt fragmented." Another person echoed this perspective and added that it feels like "nobody [has] a vision" and "everybody [is] just treading water."

Some suggested that Afrocentric relates to a sense of unity and acceptance: "There's a unity, there's that unconditional love. We're going to meet you wherever you are. And we're going to move forward with that. That's really important to me." Others suggested that Afrocentric refers to "the many pathways that people experience Blackness. Because there's not just one way." And still others said, "Afrocentric is how we get through and build on the resiliency of our spirit, and the strengths of our ancestors."

In discussing the success of an Afrocentric or culturally-specific House, several interviewees connected success with programming: "It had to be a lot of different types of programming, from faith-based to education to cooking to gardening. All kinds of things that help people build and experience wellness." Another interviewee added that it would be important to include the community so that they "had a hand in a lot of the programming." An interviewee who offers culturally-specific programming at the House was clear that "County folks need to understand that…we know best how to heal ourselves…the majority culture does not need to design what happens with our programs."

And still others, even within the African American community in Multnomah County, suggested that the term "Afrocentric" is not necessary:

> "I would get rid of the whole term 'Afrocentric.' I'm 55 years old and I don't even know what that means. I know what it is in marketing theory. I know what we were trying to do when we came up with those terms but 'Afrocentric' means 900 different things. I would abandon that altogether. Make sure the House is for African American women."

This suggests that the terms are not what is important but what is important is some sort of shared understanding of what the mission and vision of the House really are.

Many agreed that what is most important is that those who are closest to the House do the work – sooner rather than later – to establish what the House is and who it is for. One community leader said that the first order of business for the DCJ and other stakeholders should be, "Without wavering, articulate what the mission and scope of the program is." She continued:

> "Success is being able to clearly define the mission and vision and scope of the program. Success is the Black community knowing about the program, understanding what the program does, endorsing and supporting the program. Success is the women who are residents of the program saying, 'Yes! This program is culturally specific and meets my needs as a Black woman.'"

Another interviewee counseled: "Here's the amazing thing: there's no working definition in the sense of a shared definition. So, you get to establish that. Start off simple. What are the three things we agree on that is Afrocentric for this House? This is what we mean for this House." This interviewee, a leader in Multnomah County's nonprofit sector, continued around what to do after stakeholders agree on what "Afrocentric" means: "And then everything else may be nuanced around those things. And then work your way backwards."

Who should be at the House?

Overall, among those interviewed, there were many different understandings of who the Diane Wade House would serve. A peer mentor said, "There is no clear defined line in terms of the people we get." Yet there was agreement among everyone that the House should be true to who Diane Wade was and what she stood for:

> "I think, for our clients, Diane was a person who they could identify with. Diane was seen a person who could hold people accountable, while understanding their perspective and supporting them from where they were. Diane was seen as a PPO who believed in the ability of clients to change and the potential in clients. For a program operating with the values that Diane embodied, there would be acceptance of clients and not judgement, support for client change and holding clients accountable so they can change."

There was a consistent theme of wanting to honor Diane Wade and her family. Many said that, especially early on, that was not the case: "When you name something after someone you need to find out what values and principles that person had so you can honor that person. The Diane Wade House didn't seem like it had anything for the women to say 'this is why we named the House.'" Most agreed that the difficulties of 2019 have been hard to recover from in terms of staying true to Diane Wade's legacy: "It needs a rebranding. There was a whole connection…I don't see any true connection anymore. Even if you google it, it's tarnished."

While many agreed on a desire to stay in line with and honor Diane Wade, there were many differences articulated around what the racial and ethnic makeup of the House should be. Some said that, from the beginning, it was to be open to all justice-involved women but that there would be a focus on culturally-specific programming. One person who was interviewed said that they were proceeding with that understanding until quite recently when she heard that senior management in DCJ made the decision that it would be only for African American women. Others expressed their understanding that there was to be a 70/30 split, with 70% of the beds dedicated to those who identify as Black or African American, and 30% who hold different

racial or ethnic identities. Others reported that they understood that the House should be 100% African American and that it would not be appropriate for other ethnicities to be there. Complicating this, interviewees who have worked in nonprofit organizations that serve African Americans in Portland observed that "Not every Black person wants to be serviced by another Black person."

Beyond differences in understanding around racial and ethnic identities of residents, there were many questions about what levels of mental health symptoms could be appropriately supported at the House. Parole and probation officers as well as managers reported that they worked hard to find the right fit for their clients but that there was often a mismatch between their understandings and the comfort and training level of House staff and management. One person who works with the Mental Health Unit reported, "when we designed the House, it was supposed to be designed for folks who were experiencing significant mental health needs." However, because mental health training "just never happened" for the House staff and manager, that unit "cannot place most of our folks there…This contributes to the inability to fill the House and make referrals." This same interviewee shared that the Mental Health Unit, along with other County programs, discussed this need with Bridges to Change management multiple times but no action was ever taken. "At some point," he reflected, "we just gave up." Without proper and ongoing mental health training among staff members, "A lot of the women who display mental health symptoms do not do well there."

Another interviewee wondered about a disconnect between who the House staff thought should be in the House and what parole and probation identified as needed:

> "It seemed like who they wanted to live there was people who were motivated and were maybe dealing with some recovery issues. But that's about it. I think their focus from a staff and site manager perspective was more of a recovery focus and not mental health. That's what they were more comfortable with and where their experience was. I get it. We had some need in that area but that wasn't the major need that we had for the program."

It does not seem that there has been any formal discussion around better understanding and negotiating the differences in these perspectives.

There is a set of standard criteria for assessing "fit" for the House. These criteria are both qualitative and quantitative in nature and are accessible to parole and probation officers and management as well as the House manager and select staff. However, miscommunication has led to unfortunate circumstances in which, for example, a White woman was dropped off at the House but then told that the House was not a good fit for her. Everyone involved felt uncomfortable and disappointed when that happened.

Several interviewees who are involved in the referral process expressed a need for more productive communication and collaboration between parole and probation officers, DCJ management, and House staff and management in making decisions around fit. Several House staff members wished that they were more empowered to make referral decisions or to weigh in on decisions. Still others expressed that the referral system was too complex and convoluted, that too many people were involved and that it needed to be simplified. On the other hand, some in parole and probations expressed that they feel pressure to make referrals to fill the House even though it is not a program they believe in or see being successful for their clients, especially those with mental health symptoms. They report feeling pressured by senior management to fill the House even though they gave feedback during planning stages that could have resolved some of the issues that are happening now but that feedback was ignored or dismissed.

Resident success should be individualized and measurements should be re-imagined.

Almost all the people who were interviewed framed success as individualized and difficult to measure. One interviewee, who is a Co-Chair of the CAB, offered several examples of possible ways a person could be successful at the Diane Wade House:

> "When you're doing individualized treatment, it's going to look different on different people. If someone stays engaged for two weeks, that's a success. If they provide clean UAs for 30 days, that's a success. If they show up and they have a history of violence and they haven't put their hands on anyone in two or three weeks, that's a success. It just kind of depends on the person and where they come from, what they've been involved in, and where they want to go. I just don't see how you can define [success] as a whole because people come from different places. They've got different backgrounds, different perspectives, and they grew up having one way of doing things and here we are doing it this way. If they can get through the way we're asking them to, that's a success. Or even just muddling through the way they know how, but they're still here, still showing up, that's a success."

Many people who were interviewed agreed that resident success is really about stabilization and moving forward with their lives. One person who has referred people to the Diane Wade House said:

> "You know, coming out of incarceration, [the Diane Wade House] allows them a place to collect themselves, to reconnect with their community, and then to start moving forward with their life, while having the basics of community, food, shelter, housing. And then just giving them a space where they can make their plans for their next steps. I don't see success as them having to be there for long periods of time, but just as a place to land and start reconnecting and start getting more healthy."

Most interviewees agreed that it would be difficult to lay out one statement or a metric of how a woman could be successful at the Diane Wade House and that true change would take many years:

> "Success is empowering women who can be part of the change that can happen in Multnomah County when it comes to the criminal justice system. The Diane Wade House can really impact the current climate nationally and also locally. But it will take like 5 years of work."

Related to the idea that success is long-term, subjective, and individualized, many interviewees, although not all, questioned how DCJ measures or assesses the success or impact of the House and its residents. One representative of Bridges to Change agreed,

> "We have been embedded into the criminal justice system for so long that we are used to defining success in negative ways – you know, negative UAs, in 'compliance,' this word 'compliance,' with your probation officer…All but 15 of our employees have been impacted by the criminal justice system and so it's hard even for our own employees to get this out of their head. They live in this model."

He went on to agree that in order to appropriately assess success, stakeholders need to remove themselves from an approach that is steeped in traditional, deficit models and work toward individualized approaches that are anchored in the strengths and assets of impacted people.

Of those who questioned the current approach to assessing outcomes and measuring impact, several mentioned that these measurements are driven by a system that does not have the best interests of the residents at the forefront: "Systems [like DCJ] have an approach that is not driven by the people. When systems start talking they tend to forget about the people they're trying to impact and just start talking amongst each other. That is a barrier." This barrier is seen – and experienced – by several of the interviewees. Another agreed that systems can be dangerous and may be biased in ways that do not promote the health and well-being of women of Color. Yet, she suggests that many residents of the Diane Wade House have exhibited resilience that have led to their success despite these challenges:

> "The entire system is incredibly flawed in creating systems that aren't going to actually promote the impact we want. When we are living in systems that mirror systems of trauma, it's not going to happen. Even in the midst of it not being effective in the ways that we might have hoped, the women in the program are still far more successful because of who they are, their resilience. That, to me, is the real success in the story."

The issue for some, though, is that these women should not be *expected* to be "resilient." The concern is that this expectation of resilience is based in hundreds of years of racial trauma that have required resilience.

Several interviewees suggested that one problem is the reliance on quantitative and statistical measures, which tend to dehumanize participants and push to the background the nuanced stories and lives of those most impacted:

> "Dominant culture wants to see things that are very statistical, these outcomes based on these numbers. But in a lot of communities of Color – yeah, we did serve those 100 people or whatever but what we were actually doing was creating a stronger community and we might not be able to show that in a statistic."

One interviewee who works with Multnomah County agreed that "numbers are dangerous. It already has an implicit bias." Another interviewee agrees: "How DCJ measures success is based on an agenda that was created by White people and that is based upon oppression, over policing, and everything else. Someone is measured by their crime and not by their humanity."

Many interviewees suggested alternative ways of measuring success or impact. One person suggested that success should be measured based on "how the women feel about themselves from the time they come in until they time they leave, and how they can articulate that." They added, "And how they felt empowered about their life. What possibilities they didn't have and what possibilities they have now. That's how you measure success." Another interviewee added that when assessing this program and the success of residents we need to keep in mind that "the residents at the Diane Wade House are so much more impacted by systems than any other population we serve…to me it's really thinking about how we have supported someone in navigating systems of care that they want."

> One person shared some ideas for how the Black community could drive success:
> "For a Black program, in this city, you have to have your community behind you. You have to have them vocal. You have to have them present. So, I would have done like an open house maybe on the grounds to say, 'Hey, we're here, come support!' Like an ice cream social or something. And then some of the women can be out there if they want. You could have a booth. Get out into the community. Just to tell folks about what it is because a lot of people don't know or they only know what they last read."

Another interview suggested that the CAB would be key in "reminding systems of the people they're serving."

The referral process is a main contributor to House success.

Out of all those interviewed, 15 (over one third) expressed a concern that "the program was being starved on purpose." These interviewees all suggested that the County "took a lot of heat" after Bridges to Change fired the first House manager. One community leader said, "I know the county really well and when stuff gets hot, they will throw a skillet down and run. I just think that after they got burned and got some bad press and blowback from it, they did was what minimally necessary" to keep the House afloat. Another interviewee said that, from her perspective, "DCJ, they hold power, but they use it in other ways such as not having a client sent to the House. They're very strategic when it comes to who they want in [the House] and who they don't or who they refer and who they don't. So, they drive the success." Across those who shared these opinions, most were uncomfortable with how success seems to be tied to DCJ's established metrics and processes.

At the same time, several interviewees who work in parole and probation wondered if there are multiple versions of "the truth" about referrals floating around:

> "I think the staff at the House may be getting two different stories [about referrals]. Someone in the community might say 'I want to come to the House,' but when the PO offers, they say they don't want to go…there are some competing stories [about who wants to and can be there]. I think this is an interpersonal issue because POs that work with other Bridges houses don't have this problem…they work like a finely tuned machine. So, it's not a Bridges issue. It's something about the mistrust between the staff at this House."

That mistrust will be addressed in a later section of these findings, but it is important to note here that mistrust on all sides has, in some ways, revolved around the referral process, which has, in turn, led to questions about the "success" or lack of success of the House in terms of the ability or inability to fill the House to capacity.

Yet, a parole and probation officer offered reassurance that, "As POs, we want to be able to use [the House]. I really do want to know what the House thinks we need to do to mesh well. I really do want to know what they see we can reasonably do to click. That is important to us as well." It seems as if there are sincere intentions among all, but also severe lack of trust that inhibits any belief in the good intentions of others – and it is hard to know how to move past that without a significant investment of time on all sides. Because they are the main drivers of referrals, the trust parole and probation officers have in the House seems to play a substantial role in how success of the House is viewed and achieved. When reports from current and former residents suggest that the House is not meeting their needs, parole and probation officers are less likely to suggest the House as a resource to other potential residents. Therefore, it is important to address issues of trust in order to increase the likelihood that the House can be used to capacity and, in turn, be successful.

It should be noted that interviewees also shared concerns around the role Bridges to Change has played in perhaps not contributing to increased referrals:

> "There were discussions about how to get the census up, how to get referrals up, and we wanted to have Deonica go into places and spaces where she feels might be the best fit for the targeted population. This was always met with resistance by Bridges to Change. It

was even pushed on by Erika Preuitt to advocate for the program through outreach but for whatever reason they would just say, 'Well, we put this on hold.'"

Teasing out which stakeholders can affect referrals and collaboratively planning for increased referrals and a transparent referral process seems to be key in moving forward and using the House to its intended capacity.

Strong leaders are needed for success to be achieved.

Many people who were interviewed shared a perspective that senior leaders at DCJ and within Bridges to Change (or whoever has the contract moving forward) need to be courageous in their leadership, to rethink how business is done, and to take risks in order for meaningful changes to be made that will allow the House to be successful. Many shared that Multnomah County and its African American community will not be able to withstand another so-called failure: "DCJ has had enough failed community engagement efforts. And so, this next one, we can't afford to not get it right. Because if we don't, then we can't expect community support moving forward." Another added, "Failure is exhausting."

One interviewee, who was clear in articulating a need for out-of-the-box thinking among senior leaders, connected strong leadership with a willingness to question the status quo, whether that leader identifies as White or Black:

"Dominant culture values are not limited to just White people. So Black people can take on the same dominant culture, values, and beliefs and in some ways be just as destructive to Black people as any White person. Not intentionally. They can say all the right things. What I would say is really vital is that they have someone who is working on deconstructing these White supremacy paradigms and willing to take a risk, outside of the box."

Another interviewee was clear in what she wants to see in DCJ leadership:

"Erika [Preuitt] needs to step up and be out there in front and engaging with the community. A leader needs to say, 'I'll bring my team with me, but I'm going to be right there. I'm going to be in the front and I'm going to be the first to say that it starts with me and it ends with me. The responsibility lies with me. I need to be up front and held accountable versus bringing all these other people to create a shield.'"

Yet, several interviewees shared that they were not sure if DCJ or its senior leadership is ready or willing to change 'business as usual'. One interviewee who works for Multnomah County questioned her peers rhetorically, advocating for structures that would support change: "Are we willing to keep changing as we need to? How do we incorporate the need for ongoing change and be willing to listen to it and willing to make the changes that are necessary and support those changes? What are we putting in place to be open to change?" Another interviewee responded similarly:

"Are we ready? I don't know. But we have to be ready to do what is not familiar and what is not comfortable for a large group of people. Are we willing to do the things we need to do? It's a hard one. And I know that there are a lot of people who aren't ready, but even if we're not ready, are we willing to get ready?"

And yet, while many interviewees focused on DCJ's and Multnomah County's need to change, a few House staff members said that Bridges to Change was key in helping the House and its staff and management feel supported: "We need support from Bridges to Change [in order to be

successful.] We feel so isolated. I don't think Bridges to Change really gets why there needs to be a house like this. Otherwise, we would not feel so isolated. We have no support. From no one."

Recommendations:

> **Contract with a provider that can find a different location that has room for 10-15 residents in single- or double-occupancy rooms and is closer to the support and care systems residents rely on for long-term success.**

This is the most concrete recommendations that was agreed upon by every person interviewed. It was widely shared that the House would be more fully utilized and more successful if located closer to residents' support systems in Portland, if it were "right-sized," and if it had more of a "home" or "village" feel, rather than the dormitory, institutional feel it has now.

> **Clearly articulate and widely disseminate in places that are readily and easily accessible to the target population as well as all stakeholders the mission, vision, and scope of the House and its programming.**

Many of the interviewees counseled that shared definitions, expectations, and understandings of the mission, vision, and scope of the House really need to be the first step toward success, but that these would take time, patience, and intentionality: "That's more than just one listening session. It's really envisioning where should this House be? What is Afrocentric? Is that even still the right word? What are the programs and service linkages that the program should have? And then help us build our RFP so that we can get the best provider possible for the work." Another person added:

> "First and foremost, success has to be clearly defining the mission and vision and scope of the program. Gaining footing back in the community. The program being fully utilized. Success is the Black community knowing about the program, understanding what the program does, endorsing and supporting the program. I think success is the women who are residents of the program saying, 'Yes, this program is culturally specific and meets my needs as a Black woman.' I think success is being able to define the cultural specificity of that program."

> **Clearly articulate and widely disseminate specific desired outcomes for those who reside at the House.**

Several ideas for desired outcomes were articulated by House staff, management, parole and probation officers, County representatives, other DCJ representatives, and former residents. One person summed these up in a list she provided off the top of her head, as a place to start:

"If a person remains engaged in programming and If there is no break in services, those who reside at the House should: 1. Have permanent housing; 2. Have stable employment; 3. Be able to stay free of alcohol and drugs; 4. Be able to articulate their sense of empowerment and self-worth as a Black woman; 5. Be able to articulate a short-, medium-, and long-term life plan; 6. Be able to self-advocate in all areas of their life but especially around navigating systems of physical and mental health care."

> **Conduct a thorough and collaborative needs assessment that is led by community members, including the Community Advisory Board, and those at DCJ/Multnomah County who refer clients to the Diane Wade House.**

One person who works for Multnomah County offered a possible approach to conducting a needs assessment that is led by community members:
"We need to [bring] an understanding of the unique experiences of Black women in the justice system here in Multnomah County and then understanding what the history and the needs and the barriers might be and then identifying programming and services to respond. I don't think that's exactly what happened. I think one of the bigger challenges is that, as a group, we didn't take that first step, which is identifying what the needs are that we would actually be responding to. We didn't have community listening sessions. We didn't really engage the community and say, 'What are the needs? Let's do some more background research on all of the history and welcome the County. Why hasn't there been this resource in the past?'"

> **Be patient.**

Many interviewees agreed that sustainable success that is not in keeping with current structures and systems but actually disrupts those systems and structures takes time: "Be patient with it. Know that it is possible. It's just going to take some time." One person urged stakeholders to come together to define success as well as associated timelines:
"Are you talking about success for the minute? Are you looking for systemic change and success for the trajectory of generational impact that will reduce poverty across the lines for folks who are at higher risk to poverty today? Nobody really wants that level of success because it's not quick. It's not fast. You can't snap it…When people talk about success and trajectory, we have to change our mindset…Are we asking the right questions?"
Another person agreed that real, meaningful success will "take decades":
"There's movement around trying to level the playing field but that is going to take decades. We won't see that because it literally took centuries to create this system. It's not going to be dismantled in a decade. So, for right now, women need this space where people will understand them. Spaces that are specific to Black women. We have to create these spaces for people."

Hold facilitated dialogues between House staff and corrections to better understand each other's intentions.

Dedicate time and resources to a series of ongoing facilitated dialogue sessions between House staff and parole and probations staff to understand each other's intentions, grapple with past wounds, and move forward as a collaborative team. There have been wounds on all sides and there is clear evidence that there are no structures in place to support the kind of dialogue that is needed: "When the House manager tells us that she believes the POs are not offering the housing, it's just like, how do I get past that? How do I make you believe that we are? I don't know how to do that. I know we are doing our job. I know we are trying." Without this type of healing dialogue, the House will never be successful.

Leaders should take ownership and risks visibly.

This is one of the most difficult recommendations to act on, yet would probably yield some of the strongest support by the African American community in Multnomah County as well as mid-level management and parole and probation officers. Senior leadership in DCJ, Multnomah County, and Bridges to Change were overall seen as interested more in optics and politics than in the lives of residents and House staff or in developing programs and policies that were bold, courageous, and culturally sustaining.

Trust

Evaluation Question: Does trust exist at every level associated with the Diane Wade House, both internally and externally?

Successes and Assets Identified:
1. Some parole and probation officers and House staff members trust each other and work productively together.
2. Bridges to Change has done some equity work that has led to an increase in trust from some House staff and management since July 2020.
3. House staff and management trust that the CAB will be able to help heal past wounds.

Challenges Identified:
1. The historical context of Multnomah County and the treatment of African American people here is still playing out.
2. In general, trust has been broken between House staff and management and parole and probation officers and managers.
3. Many stakeholders have been hurt and trust has been broken in various ways.

Voices and Perspectives:
    While difficult to measure from a quantitative perspective, the experiences people shared in interviews illustrate that many relationships between and among stakeholders have been broken or strained and, in many instances, have led to a loss or elimination of trust, which has, in turn, made the daily and more long-term work of the Diane Wade House more challenging and in some cases virtually impossible. These concerns are essential to address head on and as soon as possible. Some recommendations are offered, but the County should think broadly and creatively about how to address the complex and intersecting issues presented here.

The historical context in Multnomah County is still playing out.

    The first major concern around issues of trust is the historical context in which the Diane Wade House has been rolled out because, as one interviewee said, Multnomah County "has a very progressive label but its history is pretty steeped in a lot of racism." A representative of Bridges to Change reflected that even though their "hearts were in the right place" when the opportunity came to partner in the creation of the Diane Wade House, "we weren't ready" because they had not yet done the work within their own organization to grapple with both the historical and contemporary context.
    Several interviewees said that they wished DCJ, Multnomah County, and Bridges to Change would address systemic and structural racism in more intentional ways, perhaps as part of team building efforts. One person said that they wished there was a commitment "to addressing this beyond having a few conversations." Many acknowledged that the dialogues would be difficult, but that stakeholders were up to the challenge: "Naturally there are going to be challenges and barriers, but it's about how we do that from a place of integrity and accountability." At least three interviewees who identify as Black or African American explicitly said that Black people have felt tokenized in this process, as well as in other Multnomah County

initiatives that touch on issues of race: "Bridges to Change just felt like they were just looking for a Black face to answer their challenges that were happening on a level that was deeply organizational and internal. There was no trust for me."

This lack of trust is playing out in other ways. For example, one interviewee who leads an African American nonprofit organization in Multnomah County reflected, "I think the County likes to act like it's very focused on equity, but it's equity on *their* terms." In discussing how she has experienced this, she clarified, "You have to work very, very hard to convince the County that you know what's best for your community." Experiences like this were echoed by other interviewees, who said the County takes a "my way or the highway kind of approach" and that they "just [keep] trying to prescribe things that [don't] work" for the African American community.

On the other hand, employees of Multnomah County reflected that there is a pervasive culture of fear that inhibits any sincere communication or trust building. There is a fear of grievances and lawsuits if a person says or does anything that could potentially be perceived as racist or racially charged. Because this is a House intended for residents who identify as African American or Black, this deeply ingrained fear totally removes any possibility for dialogue that could heal interpersonal relationships and move toward trust, which is necessary for productive collaboration.

Trust has been broken between parole and probation officers and House staff.

Overall, one of the most often communicated concerns across all categories and questions related to the relationship between parole and probation officers and House staff and management: "There's been a breakdown of trust and that really happened in the beginning of the House and while things have improved, I still think that there's this underlying lack of trust that goes back and forth between the POs and the House staff." While most staff members acknowledged that "some" of the parole and probation officers are "helpful," "responsive," and "work well" with House staff, and while parole and probation officers tended to agree that many of the House staff members are "easier to work with," "more professional," and "communicate more effectively" than previously, there was always an underlying concern around broken relationships of trust between the two sets of stakeholders: "Previously, POs would make referrals to staff and not hear back from them. Or staff would try to reach out to POs and feel like they weren't getting the answers they needed. But more so I heard it on the POs reaching out to staff side." At the same time, there were reports of the House manager seeming almost intentional in not communicating with key partners at DCJ.

Either way, most interviewees agreed that productive communication between parole and probation officers and management and House staff and management is needed – and is now totally lacking. In general, everyone agreed that there are hurt relationships, and that there is a key need for relationship repair and narrative change between the two groups: "There's the big line of trust that we've been battling for a long time, and it shouldn't be that way. Our job is to help people restore their lives."

Some wondered why the relationships are so plagued with a lack of trust, adding that this is not the case in other Bridges to Change houses:

"There have been instances where POs have worked really closely with house staff and started to build a rapport and work together to support clients. And I think that's been successful, although, from what I hear, it's still not as successful as it's been in other

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houses. Even other Bridges to Changes houses have had more success collaborating with POs on referrals and case planning. I don't know what the disconnect is with this house. It seems like the relationship between the POs and the staff has been more adversarial than it has been collaborative."

One of the most likely answers to this quandary is that this is the only Afrocentric/culturally-specific houses Bridges to Change runs and current fears and discomforts are specific to relationships between people who identify as Black and people who identify as White – or, in some cases, non-Black.

Another concern has revolved around the relationships created between the peer mentors and the residents: "I also hear from POs that clients in the House are violating the terms of their supervision and the House staff is not relaying that information to the POs to create a plan. Instead they're acting more as an advocate for the client in a way that is not acting like staff or like an authority figure but rather acting like, 'I'll be your best friend. You can do this. It's okay. I won't tell anyone.'" Several peer mentors agreed with this assessment. One mentor observed about a particular resident and her relationship with peer mentors and staff:

"I felt like lines got blurred quite a bit while that person was here. So instead of looking at us as mentors, a lot of us became friends to this person. So, there was a lot of things that were allowed to take place in the House that probably shouldn't have been allowed. It just created some chaos and some confusion."

An additional reason identified as contributing to lack of trust was "a lack of transparency," which "has been really impactful." This perceived lack of transparency around decision-making, the referral process, and personnel matters has caused deep wounds. One interviewee agrees that this is a concern and suggests a few options for improvement, including joint outreach and training:

"Some of the things that you could kind of bake into the process would have helped to repair the relationship or build rapport, having POs be more present in the House, which the current manager is accepting of although not responsive to, the previous manager was like, 'Don't come here, you're the police.' That created a really big divide in the beginning. I think some of that could have been improved – maybe some trainings that they took part in together could be helpful. Some more joint outreach to clients, which I feel like we've been talking about for a year and hasn't happened yet."

Some interviewed reported that the mistrust was particularly salient when the first House manager was part of the picture: "It seemed like there was a lack of willingness to work with corrections. The site manager just didn't seem to be interested in working with us or was in some ways dismissive." One parole and probation officer said that those feelings of mistrust subsided with the second House manager coming on Board: "The second manager was, at least in the beginning, more willing to work with us." But, after a while, it seemed like once again issues arose. "We just could not get any traction."

One person clarified that it may not be an issue between particular people, but rather there is a general sense of "discomfort working with corrections" that has not been addressed:

"Honestly, I think there's a bit of discomfort working with corrections. It certainly came up with the first manager. And I don't think Deonica sees herself as part of that team. We were planning on kind of addressing it but I don't think we did enough. Most of the folks who were working there were peers who had some connection at one point in time with the justice system so individually we were able to make some inroads but overall it was a

distrust of the justice system, which we expected, but on the other hand, we needed to be strategic organizationally and that's what never happened from the management level." This perspective that the mistrust is really of the entire justice system, of which many stakeholders are a part, is helpful because it means that individuals may be able to not take some actions and concerns personally. In fact, several people acknowledged that individuals have worked well together: "There have been a few staff there that I've liked a lot. LaToya, specifically, has been awesome. And they have just been friendly. I guess the key for me is being friendly with me. Simply being pleasant." It is important to note that people are aware of the issue and know that it needs to be seriously addressed: "Historically what has happened is that they point fingers at us, we point fingers at them." Deonica, the Diane Wade House program manager, shared her desire "to get to the point to where we can build a relationship because it's really sticky." She added, "Ultimately, when we are on the same page with [POs], there are better outcomes for residents."

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Trust has been broken between many stakeholders.
</div>

Beyond relationships between parole and probation officers and House staff, trust has been broken in various ways across all stakeholder groups and this has led to a complete distrust and almost a retreat from any action or change at all. There seems to be a paralysis or fear of action. One interviewee said this is because there is no transparency between people in power and others involved: "Trust between those who hold power and those who hold different parts of the relationship is not there and transparency is not there." A House staff member wished she and other staff were more appreciated and suggested that that would be helpful in beginning to repair relationships of trust: "To feel appreciated goes a long way." Another interviewee said that, especially early on, "It felt like everything, honestly, was very childlike. People would talk about other people, we would hear personnel issues that it didn't even seem were legal to talk about. And so, I didn't feel trust in any of them or in any of that process."

One interviewee suggested possibilities for rebuilding relationships of trust across stakeholders, but noted that processes and organizations involved are "mirroring systems of care that are traumatizing for women." She continued:

"I think there needs to be intentional relationship building, team building, community. If people are sitting at the table, making decisions, are impacting systems of care for Black women, we have to be in community together and elevating or amplifying or centering around the voices of Black women. I think we also need to have very clear discussions around how we're mirroring systems of care that are traumatizing for women. I think teams have done that individually but not together in a collaborative way. I also don't think there's time [dedicated] for repair. We might say 'hey, this thing happened,' or 'this miscommunication happened; here's the way it should have been said,' but we're not actually talking about the impacts to the staff, to Deonica, to the residents."

Recommendations:

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Consider measuring levels of trust as an individual resident and programmatic outcome.
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One interviewee was clear in her desire to start measuring trust as an important outcome or impact because trust is necessary for success to occur: "Trust is an outcome that we don't measure [but] it's a really, really important outcome that is harder to measure." Because trust between and among stakeholders is so crucial in realizing success in other, more tangible aspects of the program, measuring trust levels would make sense.

> **Take the time to engage in intentional repair work between House management and staff and parole and probation officers and management.**

Several interviewees acknowledged that building back trust among stakeholders would take time – time that perhaps the County or DCJ may not feel is available. However, multiple stakeholders said that taking time for intentional repair work is necessary to meaningful change: "Time is the most important thing. Trust is around time and understanding." Another interviewee agreed:

> "Trust is something that's built over time. If there's been a breach, from my perspective, being a mediator, the only way to heal that breach is to bring folks together and then to start afresh. What happened has happened, but the only way to heal is to come together, talk it through, and then lay the groundwork for some new opportunities."

One person associated with parole and probation suggested:

> "That's one of the things I would address up front. The House management and all partners would have to be aware that this would most likely be an issue. And everybody would have to be committed to addressing it. Beyond having some conversations. We actually need to do something about it. We tried to have some meet and greets but once is just not enough. It's got to be really intentional and sustained."

> **Build into structures, systems, and operations clear and regular opportunities for collaboration between House staff, management, and parole and probation officers.**

One interviewee who works for another nonprofit in Multnomah County said: "We have to figure out a way to work together and not resist one another. It's not about us. Our success lies on the success of the client. So, the vision is figuring out a way to unify the services that we have together and not be so resistant. Let's work on doing this together. Let's partner to meet their needs."

> **Leaders and managers in all stakeholder organizations must model narrative change in their communication.**

Several interviewees agreed that building trust hinged on the cues stakeholders received from the top of the ladder:

> "Getting support from the leadership in both organizations [would help]. If I recognize a problem and go to the leadership, there has been breakdown in communication that really prevented a lot of the trust built from the top down because it wasn't communicated

agency wide or it was miscommunicated in a way that caused additional tension. On the
Bridges to Change side, leadership was really afraid of interacting and supporting the
House in the way that they have other houses. So that created an added challenge."
Another interviewee agreed that building trust would be hard, but that leaders "actually have to
do some engagement in the community. You have to build some trust. You have to show people
that you are going to walk your talk – that you're not going to do more harm."

Communication and Collaboration

Evaluation Question: Is communication effective among all stakeholders, both internally and externally? Does collaboration exist?

Successes and Assets Identified:
1. Parole and probation officers and managers who take the time to collaborate by attending staffing meetings at/with the House are appreciated.
2. The formation of the CAB is seen as a major success for future collaborative work and is an asset to the County.
3. Some collaborative efforts have increased over the past year.

Challenges Identified:
1. Some who identify as Black feel tokenized in Multnomah County work.
2. There is a culture of deference and aversion to risk taking across Multnomah County.
3. The process has been plagued with a lack of dependence on existing expertise.
4. Communication within and emanating from DCJ led to miscommunication, misunderstandings, or no communication at all.
5. Relationships between House staff and managers and parole and probation officers are not collaborative.

Voices and Perspectives:
　　　In general, many interviewees agreed that communication and collaboration are a major problem that gets in the way of the Diane Wade House recognizing its goals. One person shared, "Everyone's kind of walking on eggshells." While some acknowledged that communication and collaboration have improved over the past year, there are still internal and external communication and collaboration concerns that interviewees addressed as ongoing and problematic.

"Black faces, not Black power."

　　　At least seven individuals who identify as African American or Black both implicitly and explicitly communicated that Black people within Multnomah County are tokenized:
> "Some of it was, it's just sort of business as usual in Multnomah County – like, that's just how things have been done. There was one woman who was a peer who was part of the original planning group and I think people thought that she could be representative of the whole community of Black women. Often she was deferred to for that."

One woman who identifies as Black said that she had no idea why she was at the table in early conversations about the House other than the fact that she was Black:
> "I was never told what my responsibilities are or who I was accountable to. Had I been told that, I still would have done it, but leadership was so ambiguous, and it was just like, 'Hey, we're gonna grab a couple folks and you guys will be the face of this.' Now, tell me how that makes sense for me to [be in that position] outside of the shade of my skin. I'll just say that just because you have a certain pigment doesn't always make you the right person to be at the table."

Another person agreed: "This often happens to Black employees at Multnomah County. One person is not representative of a large and diverse community." Another person who has been a part of the Diane Wade House from the beginning said, "It's like Black faces, not Black power." It must be noted that one person at Multnomah County responded to a draft of this evaluation report to clarify that communication and public relations efforts explicitly stressed an approach that would not tokenize people who identify as African American and/or Black. She reported that she repeatedly checked with Black leaders and community members to make sure that they wanted to participate in the ways they were, especially when it came to news and media coverage of the Diane Wade House. So, while there have been some notable exceptions, overall, this practice of tokenization, even if unintentional, has led to widespread questioning of the intentions of leadership, the goals of DCJ and the County in continuing to fund the Diane Wade House, and the possibilities of real change through and within the House.

> **A culture of deference and aversion to risk taking gets in the way of communication and collaboration.**

Many interviewees identified a culture of deference and aversion to risk-taking among leaders in Multnomah County as a significant problem that has contributed to the problems the Diane Wade House has experienced over the past two years:

> "One thing about Multnomah County is that everybody is a group of agree-ers. No one wants to actually get into any disagreement and so it's really hard to develop a path forward that everybody signs on to. People can say yes to something in a room and then months later they're like, well, we should have done this differently. But no one is willing to actually voice their opinion of opposition in a room. I think that's what created this culture of just, 'Okay, we'll just all defer to the staff.' Even though a lot of people think that's not the right way to do it. Or not wanting to speak up. I think that gets us where we are. A culture of not wanting to say something different."

Although it was not clearly articulated, it is possible that this "culture of not wanting to say something different" could emanate from rigid, traditional power dynamics and associated fears of punishment if one is "wrong," and could also relate to a climate of "White fragility" in the case of the Diane Wade House, where leaders do not want to be seen saying or doing the wrong thing about a House intended to serve the African American community. This fear, though, has led, reportedly, to paralysis:

> "It was like no one [at Bridges to Change] wanted to make a decision" because if they were the one to make a decision then they would have to own it – and own the potential failure, media embarrassment, etc. "They never wanted to make concrete decisions about the House. I think they were very fearful to make any firm decisions. They were very fearful of the conversations around race. You could tell it was uncomfortable for them to have the dialogue and it unfortunately paralyzed them."

This inaction was seen not only at Bridges to Change, but in policy circles at the County and in DCJ, where that fear to take ownership got in the way of serving African American women:

> "There's just not engagement at the leadership level to really take charge and take ownership of it and move forward in a way that actually honors the community you want to serve. It's very frustrating that we have this great opportunity that feels sort of squandered and that we're going to make the same mistakes again."

One interviewee suggested that, beyond a culture of wanting to agree and not wanting to be wrong, the structures needed for effective communication are lacking, so that even if senior leaders intended to delegate or communicate, it often did not happen or miscommunication happened:

> "There's just been such inaction from the leadership within county agencies to make significant changes to this program. Erika Preuitt is wonderful but she's also stretched thin and she's not going to be the one to take action in between meetings and there's no structure to delegate work like that. They don't have an internal structure of good communication. There's just not a structure that's supportive of all the levels of management."

Another interviewee was clear that the time has come for "DCJ [senior leadership] to step up and lead this thing. It is a service for their clients. It was built to have their clients be successful. It was built to be a special resource, not to just fall into the menu of services. It was needing to stand out."

Lack of dependence on existing expertise.

Most people interviewed communicated that they wanted to be a valued partner in the process of re-visioning the Diane Wade House and that they "want to see this program be successful." One parole and probation officer spoke for her colleagues when she said, "POs want to be available and resourceful and get along with the House. We want to be able to use it. I really do want to know what the House thinks we need to do to mesh well." Overall, people expressed a desire to be involved, to collaborate, to learn from one another, and to build on past successes and missteps. Yet, many wondered why they had not been included or communicated with earlier on, if at all. Several interviewees shrugged their shoulders and said, "I don't know," when I asked them why they thought they had not been included in planning processes. One interviewee in particular, who knew and worked with Diane Wade for over two decades, was never consulted in the early stages of the process and was almost missed as a potential interviewee because no one mentioned his name, even though he plays a key role in the DCJ's African American parole and probations unit.

Another interviewee reflected that many people wanted to be involved when the House was funded through the MacArthur grant, but since that is now almost complete, it's harder to find people who remain interested in collaborating:

> "With the MacArthur grant, people are fighting to be at the table. Of course, now that it's moving to our funding and we're revisioning, people really aren't interested in participating. Now is the most important part! MacArthur was temporary. What is the long-term plan for the site and services and support for this programming? Collaboration was somewhat limited because when you have an entity that is outside your organization trying to determine what happens and facilitating it and their agenda is different…that's when collaboration can be a little wonky. Some of the people who initially came together for Diane Wade have no understanding of day-to-day operations, of the support that folks would need to operate a new facility. They were too focused on making sure that they have the right names and the right titles that they forgot people who probably could have assisted and really helped for the trajectory of the long term were not at the table.

Sometimes funding can be the hindrance [and can] defeat the grassroots systemic work that we're trying to accomplish and the people you're serving get lost."

The CAB has presented a unique and exciting possibility for many who hope to see better communication and increased collaboration among stakeholders: "I think the CAB is obviously a huge step. We need to continue to work with the CAB to build them up so they can be the consistent voice and messengers. They end up being the more credible messengers than any bureaucrat or service provider could ever be." Yet, there is concern around how much access or power the CAB will have:

"The policy group, consisting of leadership from all agencies, should have been a part of the CAB onboarding and really work to get the CAB up to speed on everything that's happened at the House and is currently happening so that they could really start to form their body of work. And then invite the CAB to meetings, participate in their meetings, even for just 15 minutes to give a status update of where things are. And then asking for really clear recommendations and providing clear guidelines on what the limits of their power are."

Without this intentional communication and collaboration, there is a widely held belief that the CAB will fall prey to what seems like an ongoing practice of tokenization and superficial fixes for deep-rooted problems.

Lack of communication from/within DCJ and Bridges to Change.

Many interviewees identified lack of communication from and within DCJ and Bridges to Change as a major problem that came in the way of a more successful House. Sometimes decisions were made by policymakers but "then no one would communicate within [DCJ]." One interviewee expressed frustration that the lines of communication either were not there or were not used: "You need to take that information back and communicate it yourself." This lack of communication caused significant programmatic issues, "to the point where, as recently as 9 months ago, the piece of DCJ that handles the majority of housing referrals, her staff said they didn't know how to make a referral. That's unbelievable to me."

Another interviewee agreed that "the communication challenges were monumental. We've really struggled…Unfortunately, Diane Wade House has fallen victim to that." This interviewee continued that she didn't "want to set great ideas up to fail" because everyone involved could not communicate effectively. A different interviewee reflected that "DCJ just felt all over the place. You didn't know who was saying what or who was operating what or who was part of what and where referrals were and what was happening." Many interviewees agreed that the communication failures within and beyond DCJ started at the top: "It's a top-down lack of communication [with the DCJ], and also just a lack of understanding."

Another concern highlighted by several interviewees was that "We would have a conversation and all come to a consensus and then they would go and do the opposite." So, even though some people were included in various conversations, there was often little fidelity to what seemed to be decided in a collaborative process. Some suggested that there were good intentions but bad communication: "So many good intentions and all of the right things but so many balls dropped." Another person indicated that stakeholders needed to be more deliberate in their communication between leaders and policymakers and those carrying out operations: "There's this policy group and then [there's] the people that are actually doing the work in the House…the

connectivity there was not as deliberate as we needed it to be." Another interviewee confirmed that, within DCJ, "communication is pretty bad. The link between the executives and the operations level folks is really bad – there is a big gap."

One person linked that "bad communication" with an "internal culture" that is "pretty damaged," suggesting that some of the problem relates to "internal strife about race both on the juvenile and on the adult side of their department." She concluded: "DCJ says all of the right things, they have all the right values, they have all of the right evidence-based programming, but…it's still corrections," suggesting that DCJ leadership needs to move beyond saying the right thing to *doing* the right thing.

Finally, although much of this strife was felt internally to DCJ, stakeholders in the House itself, including House staff, felt the repercussions of this poor communication. One peer mentor expressed: "Honestly, we're still kinda just kept in the dark about what's going on with the program. It's like we have a little breakthrough and then it dies down again."

> **Relationships between House staff and managers and parole and probation officers are not collaborative.**

Many interviewees, even beyond the parole and probation officers, agreed that there has always been a level of tension between House staff and parole and probation as a whole, although some individuals have worked well together. One parole and probation officer said that it did get better when the second House manager came on board but then, for some reason, it went back to feeling non-collaborative:

> "When Deonica came on board she was much better [than the previous manager]. Just patient, she would listen, everyone would have their turn, she would give relevant feedback. It was just so much easier. And then at a certain point it started feeling like the tension came back there, too. And it was like her and her staff against everyone else. I don't know how that changed."

Some within House staff and management said that it's been difficult to feel part of the "team" because of the inherent power dynamics at play, in addition to the racial overlay of the work. Three parole and probation officers reported that sometimes when they go to the House there is no one to let them in: "I've been [to the House] multiple times where you're ringing the doorbell and no one lets you in. And so, it started like, are they intentionally not letting us in? But we have these tensions. So, I think [POs] just stopped wanting to go there." Not understanding, or doubting, the intentions on all sides has clearly led to a breakdown in both communication and collaboration.

At other times, there has been open hostility toward parole and probation officers on the part of House staff: "We tried the retreat, the three-day work with you. And hearing [the House staff] say that [POs] 'suck' was like…here we are trying to build bridges and make this program successful and you're judging us and calling us names? How do we mend that? I'm not sure." However, while actions have taken place and wounds and offenses have occurred interpersonally, there is an acknowledgement that much of this inability to overcome challenges in collaboration stem from structural concerns around Black people's relationships with law enforcement on a whole: "The world right now has negative ideas about law enforcement and of course that's allowed and it's totally reasonable." These structural concerns, however, play out in interpersonal ways. "But I also think there are employees who don't realize the job [is] working

with law enforcement and it needs to be a cohesive relationship. So, we need to bring in staff who are well prepared to do that. Just as they don't want us to show bias against them, we don't want it the other way."

In addition to the suggestion to make sure potential House staff understand the level of involvement with law enforcement the job will require, one interviewee suggested that work also should be done to combat "preconceived notions of what parole and probation is" in order to understand that corrections is "not the punitive agency that people may have experienced in the past or their family member or somebody they know has experienced." Parole and probation officers and managers are hoping that work can be done to help House staff recognize that "we have changed drastically in the last five to ten years." On the flip side, one interviewee observed that "the carrot and the stick [approach of parole and probation] is still a very popular modality."

Some suggested that the role of peer mentors was difficult to manage and that some peer mentors and other House staff were not clear on where the line was between their job and the job of a parole and probation officer. One former House resident reflected:

> "Sometimes [peer mentors] were too personal. You got to be professional, you've got to keep it professional. Saying no is okay. We don't have to say yes. Boundaries. You cannot be friends with the residents. They are your clients. It has to be professional. And you can't let them get away with anything. That's how they got in here. You're not giving them a fair chance. And if they're not ready, they're not ready."

One parole and probation officer agreed and connected the idea of having boundaries and structure with being trauma-informed:

> "The idea is to help [residents] feel safe and having boundaries. That's not institutionalizing them. Without boundaries and consistent rules and consequences, you're setting up a parameter for staff splitting and alliances that are inappropriate. And then clients feel like things are constantly unfair, and that's because there aren't clear lines and expectations. The roles of the staff and the clients get blurred pretty quickly especially if you're using a peer mentor model. Part of being trauma-informed is setting expectations. You can still be individualized without losing that."

Another interviewee agreed that setting lines and expectations is a crucial part of operating as trauma-informed: "The idea of structure is really important, especially from a trauma-informed lens. The lack of structure is super frustrating."

At the same time, one interviewee who is a main referral source for the Diane Wade House observed that while rules and boundaries are useful, it is also important to understand how those rules can be enforced in ways that are helpful to and more sustainable for the residents:

> "I'll give you an example. We have a facility that we work with that has been successful in working with many of our clients because they do several things. There are rules, they do UAs on people on a regular basis, but when someone has a positive UA, the conversation is really around 'what do we need to do to keep you clean and sober?' It's not about 'oh, this is your first strike, two more strikes and you're out.' It's different. It's a different angle. So, use alone is not going to get somebody kicked out. There's got to be something more that's going on and they are constantly trying to work with clients around challenges they may have to staying clean and sober."

The interviewee concluded that he understands there need to be rules, but, "when someone doesn't follow the rules, the follow up question to that should be trying to figure out what's impeding that as opposed to, 'you're not following the rules, you're out.'" There was disagreement among interviewees about what the role of House staff is in setting boundaries,

establishing structure, and having those productive conversations compared to the role parole and probation officers should play. One House staff member said:

> "POs need to have buy-in and they need to be involved in the program. I know POs are busy but if we're going to deal with high acuity women that need a lot of support then we need to give what is required. The Black culture is very family oriented. So, emails, phone calls, and all that doesn't work with our folks that we serve. That really takes a PO stopping by at dinnertime. There's a whole different thing happening where POs could be way more involved, just a 10-minute stop during the day. That's just never happened – well, maybe with one or two of the POs. We need to create a more community kind of environment where our POs are actually part of the process."

Many of the parole and probation officers I interviewed agreed that there needs to be a partnership between them and House staff, but that there was not agreement between them on expectations and roles. This lack of clear understanding around expectations has led to disagreements and frustration on both sides. This lack of clarity, combined with assumptions made about each other's intentions, repeated misunderstandings, and inconsistent communication has led "to the point where we're not partnering anymore." As one person reflected, "We just never got to the point where it felt like a team."

Recommendations:

More open communication between DCJ and the House.

Overall, there needs to be more open and consistent communication between DCJ and the House staff and management. Stakeholders should work together to establish structures and resources to facilitate open, consistent, and transparent communication. One interviewee suggested: "We need to be consistent and cognizant that we're making those requests and making sure folks are at the table. And also realizing that we're probably going to hear things that we may not want to hear. And be ready for that." Erika Preuitt added, reflecting on her own role as a leader:

> "You have to commit. You can't say 'thank you, we're going to consider it,' and then come back and say, 'We didn't consider this and that because this is why.' That's what makes people pissed off, excuse my language. It makes them pissed off internally. And so, what I'm trying to do as a leader is figure out, if I asked your opinion on something then I need to be able to incorporate that into the decision making. Not saying, 'Oh, you didn't say what I wanted you to say so we're doing this instead.'"

In addition, House staff report that "there is not a chart that shows who we all report to." While co-creation and community buy-in is necessary, there are too many stakeholders right now that House staff and management are unsure of who they report to so they end up feeling like they report to and are accountable to everyone. An organizational structure needs to be developed and clearly, transparently shared so that every stakeholder understands who is accountable to whom, who is making which decisions and why, and who has the power over what aspects of this process.

> **Depend on existing expertise. Do not tokenize.**

Most interviewees agreed that "we need the current staff at Diane Wade and the residents of Diane Wade need to be at the forefront [of the revisioning process]. Let's figure out together with folks who are the residents as well as on site staff what's working and what's not working." Another interviewee agreed: "Include these ladies who are at the house. At the end of the day, these are real people, these are real lives." In addition, several interviewees suggested that the County "bring in folks who are working with similar programs within our community to the table to be a part of that process. How do we do it together instead of always trying to be an island?" Many interviewees agreed that DCJ and the County need to depend on local knowledge, including the knowledge of parole and probation officers and managers.

> **Develop transparent, effective, efficient systems and structures for communication and then hold people accountable to those.**

Most interviewees agreed that "there need to be avenues and there need to be systems developed for communication that people are held accountable to" within DCJ and across stakeholder groups, especially between Bridges to Change and the Diane Wade House. While communication has improved between Bridges to Change and the Diane Wade House manager, other staff there still express feelings of isolation, wondering if they are just "taking orders."

> **Hold a series of ongoing facilitated dialogues between parole and probation and House staff and management.**

Although this is recommended elsewhere in this report, it cannot be overemphasized. Much of the difficulty and perceived lack of success of the House is related to miscommunication and lack of communication, as well as assumptions about various individuals' or organizations' intentions. These problems have led to an inability or unwillingness to collaborate across organizational lines, which has, in turn, exacerbated racial tensions. Taking intentional, thoughtful action on this recommendation should be one of the highest priorities moving forward.

> **Work with parole and probation officers and management and House staff and management to clarify expectations, roles, and responsibilities and then create structures to hold everyone accountable to those expectations.**

Both sides agreed there is better communication and collaboration between parole and probation officers and House staff when there is intentional communication and collaboration:
> "The staff meetings are actually pretty helpful [to attend for the POs]. You get a chance to connect face to face with the mentors and the staff about your own clients. So, it's not

like we put them over at the Diane Wade House and then, 'Great, thank you, out of my hair, moving along.' It's a partnership. What can we do to support you [the Diane Wade House] because you're supporting our client."

Regarding the House staff, one parole and probation officer noted:

"I would say that the folks that are currently working at the Diane Wade House, the staff, they are very collaborative and work well with the corrections counselors on the team. They connect all the time. They reach out to each other if folks are in need. They are always trying to collaborate and work together and reach out. I really have to say the staff that are on site right now are doing a really good job of reaching out…and making sure they're connected and have any services or support or that sort of thing. I would say that works really well."

Taking into consideration there seems to be positive momentum with relationships between parole and probation officers and House staff, it would be helpful to take advantage of that momentum and hammer out details regarding each person's specific roles and responsibilities in order to improve relationships and operations even more.

Decision-Making and Shared Power

Evaluation Question: Is there shared decision-making and power among stakeholders?

Successes and Assets Identified:
1. The creation of the CAB is seen as a positive step toward sharing power with the African American community in Multnomah County.
2. Internal power sharing within the Diane Wade House has grown substantially in the past year.
3. Bridges to Change has endeavored to increase shared power and decision making in the past four months.
4. DCJ is engaging the community in the re-visioning of the House.

Challenges Identified:
1. There is a mismatch in definitions and expectations of shared power.
2. There has been limited shared power in the process to this point.
3. Decisions are made by White people and White institutions.
4. Stakeholder organizations are not ready to share power.
5. Revising the referral process might lead to stronger feelings of shared power for some.

Voices and Perspectives:

Many individuals have worked hard to share power and decision making throughout the process of the Diane Wade House being created, including members of LPSCC, parole and probation officers and managers, and current House management. Many people interviewed reported that they have seen an increase in attempts to share power over the past year. As an example, one parole and probation officer observed, "I think Deonica [the House Manager] does a really great job of being mindful about sharing power with her staff. Deonica demonstrates a real belief in community focus and community decision-making with her team." A member of LPSCC said, "It's taken so long because we're sharing power. Anything that happens, if it changes their recommendations, we take it back to [LPSCC] for that group to vet. It's taken two years because that has been so intentional." A parole and probation manager agrees that sometimes processes and decisions have taken longer because she endeavors to be very open, transparent, and intentional, sharing power as decisions are made. While there are positive examples to look to, many of the interviewees suggested that stakeholders and organizations involved have struggled to share power in ways that were meaningful for all involved, but specifically for the African American community.

> **There is a mismatch in definitions and expectations of shared power.**

One of the reasons there is a mismatch in responses about how or if power is shared is because "everybody has their own idea of what shared power should be." One interview said that "Power sharing, for me, is really complex. I think people need to know what the parameters are. They need to be educated about whatever the process is. And then they have to be very clear about where their input is needed." This perspective was shared by another person, who agreed that when attempting to share power, everyone involved had to agree on what that meant and

what parameters needed to be set. Another interviewee reflected that it can be hard to share power when people understand that to mean very different things:

> "It's hard, because when you use words like that and then you don't set up the processes for it or you don't have a really good example of when power was shared and something really meaningful and powerful happened out of that…I don't think we have that. No one said, 'Let me tell you about what happened in whatever city. They did a shared power process and this is how it worked and this is what the outcome was.' I think we throw some words around that help give people hope but also could totally demoralize people when you say that and then you don't share power."

To this interviewee, it can be really difficult to know what effective shared power looks like and it would be helpful, especially for senior leadership, to have examples of successful shared power in similar contexts to follow. Another interviewee agreed that DCJ does not have experience sharing power – that's not how things are typically done at DCJ and in many contexts across local government – so it has been difficult to realize:

> "This is really different than any dynamic that exists today. DCJ needs a service, they find someone who will do it. And they sign a contract. It's not collaborative. I think there were some good attempts at sharing power in meetings and really uplifting the voices with people with lived experience and also the acknowledgement of all the harm that criminal systems have done to BIPOC communities and particularly to women over the past 400 years."

Another interviewee agreed that a culture of shared power simply does not exist across the board at DCJ or Bridges to Change: "There was – and still is, but there was more – so much strife and conflict between different levels of people at Bridges…and I saw the same play out at DCJ with the POs and the managers and the executives. And so much of it was like, 'We're going to tell you what to do.'" A few interviewees did acknowledge that people, specifically at Bridges to Change, tried to engage in shared power but that it had not yet worked out:

> "My interpretation is that the people at Bridges tried to be really open…like, 'We have not done right by Black women in the past and we need to learn and we want to learn from you. I don't know if there was enough trust, relationship, rapport, or something to make that successful but it just wasn't."

In addition, representatives of Bridges to Change did share that they have attempted to share power but in some ways they have been hamstrung by County policies, procedures, and norms: "We are asking ourselves if we are the right organization, is this the right thing to do, or do we take this opportunity…the county doesn't work that way. The county is like, 'we're putting out a procurement, they gotta follow the procurement rules…'" This echoes others' observations that County norms and procedures often come in the way of effective sharing of power.

There has been limited shared power in the process to this point.

Some representatives of LPSCC, DCJ, and Bridges to Change shared that they have worked hard to share power throughout the past two years. Many acknowledge that attempts were imperfect but sincere and outside observers note that a sense of allyship has been present. There is a general sense among these organizational representatives that many of their imperfect efforts were due to challenges of funding requirements or structures of power that were not called into question. Certain individuals, in particular in parole and probation, have attested to

working hard to share power but, without much support from senior leadership and without positive responses from House management, kind of gave up.

While individual exceptions were acknowledged and appreciated, many interviewees, especially among (but not limited to) House staff, reported that they had seen no shared power at all. One peer mentor scoffed:

> "Shared power. That's a joke. I have not seen any shared power since I've been here. I feel like we're here, we're paddling on a boat, but there's someone else driving it. Every decision is made on the [Bridges to Change] leadership level and then it trickles down and we're the last to know about anything. They [Bridges to Change] drive the boat and we take orders and do whatever it is that they feel like we need to do to appease them."

It should be noted that Deonica, the House manager, shared that she felt like people at Bridges to Change were trying hard to share power and to understand how to do that in meaningful and intentional ways. Deonica shared her gratitude for the humility and intentionality Bridges to Change had exhibited in the past several months.

> "There was just so much that Bridges to Change was ignorant to and weren't really looking at. So, we started this movement toward strategic equity planning and they kind of gave me a platform to talk about my experience, do some outreach, basically allow me to have a voice, which I felt like I didn't have when I started. So, I started bringing services to the House and I was allowed to run my program. Since they allowed me to take the lead on the program a lot of great things have happened."

Yet, it seemed that people among the House staff did not have that same experience. One person reflected:

> "Previous attempts to engage and support community have been 50/50. Those efforts counteract each other to the point that it's zero. And then unfortunately people tend to remember and stick with the negative over the positive. Our next series around of how we engage the community can't be the same way we've done it in the past."

Another interviewee shared that the tides of shared decision-making may be turning, but that she is cautiously optimistic:

> "Over the past few months there seems to have been a want for more decision making to come from community members. That was the intent behind the [Community Advisory Board]. To have women who identify with the House resident population to really help guide this process. So, it feels like that [has been] shifting and that there has been a lot of push to make sure that was shifting. But I would be wary that people may not take their advice or recommendations and implement them. My biggest worry is that they may be used as a face and not really as part of the structure."

Overall, shared power seems to intersect with issues around trust and there seem to be similar layers to the complexity of it. There are individuals who attempt to share power but the Diane Wade House has fallen victim to a lack of clarity around expectations of what shared power should look like, misunderstanding of and assumptions about individual and organizational intentions, and structures that seem to preclude total shared power.

> ## Decisions are made by White people and White institutions.

It is important to emphasize that concerns around shared power and perceptions that "decisions were and are made by White people" and "by the wrong set of individuals" were

expressed both by people who identify as African American and by people who identify as White or non-Black. In fact, there was no preponderance either way. Among those who discussed a concern about decisions being made by White people for people who identify as Black or African American, there was consensus that "there is some sort of allyship, but there is no co-creation. That's the missing part." Many expressed a sense of hope about the CAB and its potential to tip those scales a bit.

Another theme that popped up again was the idea of tokenizing Black people. Some interviewees agreed that "Yes, both managers have been Black women," but expressed their concern that people overlook that the organization making most of the decisions – Bridges to Change, "is a White-created, White-led organization."

> "And they oversee the House and they supervise whoever is working there. They lay the plans out as to how this House is promoted and how the House census is built. And if they're not giving the people who are running the House the resources to make that happen, it's not going to happen regardless of whether it's Angela Davis running the House!"

Another interviewee reflected on the problematic role Bridges to Change has played:

> "I think they were trying to be conscientious of, 'Hey, we're a White organization, what do we know? So, you tell us.' So, I think sometimes decisions were made by the supervisor or manager of the House where the leadership should have been making decisions or they should have at least provided some guidance and parameters and context."

It should be noted that, while many interviewees said that Bridges to Change had not been the best organization to partner with the DCJ for the Diane Wade House, two interviewees among House staff were consistently supportive of how Bridges to Change and its leadership had evolved. One peer mentor said:

> "It would be hard for me if Diane Wade House is run by somebody else for me to leave Bridges. Bridges has done very well with employees. If the women need anything, they've done their job in being a good organization to run this program. I would like for it to continue to be run by Bridges. A lot of the stuff that was in the papers wasn't true and it has given Bridges a bad name. But we keep moving forward."

At the same time, a member of LPSCC reported, "There was a lot of putting out fires with [Bridges to Change]" and she thought there needed to be a change there for the House to move toward greater success.

Some interviewees identified "Whitewashed" processes as not flexible enough to allow the House to speak to residents' needs as Black women:

> "It was just a difficult process to get people to contract. So, if there was an individual who would come to the table with a proposal and say that it has worked in other jurisdictions for this population, it just felt like you had to go through hell and high water to get culturally-responsive programming approved. And I understand contracting and, you know, the whole process, but there was a whole other layer to it that felt very micro managed in a way that did not benefit Black women or the program. The bureaucracy and structures were Whitewashed."

One interviewee was clear that "systems of care [like the Diane Wade House] mimic systems that are traumatic for people" and that when that is the case, "we're not going to get into a space of trust." According to this person, who identifies as White, it does not matter that the grant made things more complex, or that the racial history of Multnomah County is complicated, or

that some tried their best; "we're still talking about large systems making decisions for the most impacted communities." She clarified that "the voices of those really at the helm of this work," including House management and staff, "aren't the first informed about decisions, often aren't at the table." This practice of exclusion and lack of transparency "mirror[s] White supremacist systems" and because of that, "we're not going to get out of a space of damage to folks." She concluded with a distinct sense of hopelessness: "Unfortunately, that's the landscape of grant funding and county service and nonprofit work. It makes it really challenging to be a leader at all levels – county leader, nonprofit leader, program manager."

> **Some stakeholder organizations are not ready or willing to share power in meaningful ways.**

It is important to note that most interviewees agreed that individuals within DCJ, including particular parole and probation officers and managers, were trustworthy and were clearly "invested in the Diane Wade House's success." Many, however, thought that DCJ culture did not support the level of shared power, or co-creation, necessary to make meaningful or lasting change in "how business is done." DCJ culture, several asserted, is really the responsibility of senior leadership. One interviewee suggested that senior DCJ leaders need "not just [to] listen to the staff but be able to take that, filter that through a cultural lens and an evidence-based practice transitional housing lens, then come back, make a decision, and communicate that effectively." Another interviewee concluded that DCJ leaders and criminal systems in general are not "really ready to share their power." She went on to say that "if they're not ready, I don't want to demand it and then it's all going to blow up." One person suggested that in order to share power effectively, "People who create policy need to listen to the people who do the work." A senior DCJ leader confirmed that people are not ready to own a process in which they could look bad or in which failure might occur. She suggested, "It's kind of like a game of hot potato. Nobody really wants to take the responsibility, the ownership for why the House has atrophied – so it's all this ownership hot potato."

Several interviewees also identified Bridges to Change as being not fully ready to "rethink the structure from which we're operating and really think about what it means to live in a place of shared power." While several interviewees did agree that Bridges to Change management was engaging in dialogue around equity and shared power, one concluded, "I don't think we're living there. I think we're talking about it." Another interviewee who worked closely with Bridges to Change observed:

> "Bridges to Change really struggled with not being able to put themselves in Black people's shoes. But at the County, too, the legalities, whether it's the contract or the county itself for whatever reason not being able to really highlight and empower a specific population – Black and Brown women – there was just way too much of 'Well, we can't do that because we can't just say this is just for Black people.' Well, you've imprisoned Black people! So, it was really hard to navigate the dynamics of wanting this to be a culturally-specific House and the individuals there to feel safe in this House, but we want White people to run this House and not have Black programming or a Black therapist or Black counselors or people you can really identify with to help Black women succeed and really connect on a level that is not just punitive."

Overall, interviewees suggested that, while positive steps forward had been taken, it was not yet enough to get to a place where all stakeholders felt valued and empowered in the process.

Revising the referral process might lead to stronger feelings of shared power.

One specific concern that was shared by several interviewees revolved around the referral system. One person who works for Multnomah County said, "I would love to refer African American women to the Diane Wade House but it's always been kind of difficult to even start that process because I don't know who to talk to or where to begin to talk to someone." A few people agreed that even though there was intentionality around creating the referral process that exists, it is too confusing and there are too many people involved. One member of the Community Advisory Board suggested in a kindhearted way:

> "If it were up to me, I would tell the POs to get out of the way. The POs would make the referral to a kind of panel of women of the House. The woman could come meet the panel, they would talk to each other, get to know what the House is about, what they offer, the unity of the women, what the structure is, and then they decide together."

This desire to create a collaborative, village-like opportunity to assess the "fit" of potential residents was echoed by an interviewee who is part of Multnomah County's Behavior Health Office. He added:

> "They should meet each other before being dropped off. Get to know one another. They could have a conversation – a heart to heart – about who they are, why they are there, and you let them share their story. Because in the Black community storytelling is what it's all about. We tell our pain, we tell our stories, we tell where we want to go. So, we create the structure. Nobody tells us how – *we* do it."

Three other interviewees made similar suggestions – that members of the CAB should play a role in the referral process and that the initial assessment should include a kind of family-oriented 'meet and greet' before being dropped off.

Recommendations:

Depend on open dialogue.

In order to address concerns around shared power, prior to any decision making at all, Multnomah County should first host open dialogue and listening sessions around what shared power means to various stakeholders, what it looks like, and what people's expectations are. These sessions should be ongoing to continually revisit what is meant by shared power, how people experience shared power, and what might be lacking. One CAB member advised:

> "There need to be some community agreements between the government portion of this work and our CAB. Here are our parameters, here are our ground rules. This is how we are going to collaborate. This is how information is going to be shared. This is how information is going to be used. This is the decision-making model. It's clarifying the roles up front. That's going to have to be a deliberate process with everyone in the room with a trained facilitator that's able to walk us through it. We need someone that can bring stuff out, bring truth out, bring fear out, and move this forward."

DCJ senior leaders should engage in dialogue about their readiness for shared power, given structural constraints and barriers.

DCJ senior leaders should convene internal dialogue sessions through which they can have open conversations around their readiness and willingness to share power. DCJ senior leaders have expressed their intentions:

"I want it to be a very collaborative process. I want it to be a process where people are feeling that they can develop trust and that they are empowered to make decisions in the House that are good for them and that includes the people living in the House, that includes the mentors. I hope the House is a place that all of the women who live in there can be proud of."

However, they need to make sure the whole organization is on board and can reimagine criminal justice through a collaborative lens.

Be transparent and intentional when seeking input.

As the County moves into the re-visioning process for the Diane Wade House it must be intentional, thoughtful, and transparent about how, when, and from whom it seeks input. When input is sought, it should be through a shared power model, through which community members are empowered to disagree. One person observed that "the Workforce Equity Strategic Plan is a good start [but] they can do a better job with thoughtful community engagement and really co-creating with the community instead of bringing them in at a late stage and just asking for a yes or no vote."

Staff and Leadership

Evaluation Question: Do staff and leadership (House, Department of Community Justice, Bridges to Change, parole and probation officers, others) have appropriate skills and knowledge in order to effectively serve the residents at the Diane Wade House?

Successes and Assets Identified:
1. Multnomah County's Workforce Equity Strategic Plan is a good first step in developing the cultural competency required to work positively with and through the Diane Wade House.
2. Community Advisory Board members are eager to help address skill development among House staff and management.
3. Bridges to Change has worked hard to develop understanding around equity.
4. Peer mentors have valuable lived experience that can be helpful in understanding and guiding House residents.

Challenges Identified:
1. The level of involvement of senior leadership in DCJ, Bridges to Change, and Multnomah County has been inappropriate.
2. Senior leaders at DCJ and Multnomah County must model anti-racism and create a culture that directly addresses implicit bias and the historical roots of racism.
3. House staff have lived experience that help them relate to residents, but sometimes this comes in the way of supporting residents in appropriate ways.
4. House staff and management do not have the necessary mental health training to appropriately serve and support the residents who are referred to the House.
5. House staff and management need more consistent support from DCJ and Bridges to Change.

Voices and Perspectives:
During our evaluation committee retreat in September 2019, one concern that was raised was that staff and leadership across all stakeholder organizations may not have the requisite skills or knowledge to help the Diane Wade House realize its vision or the goals of its residents. With a focus on the strengths that already exist, this portion of the evaluation seeks to uncover how staff and leadership across organizations and at all levels can be better equipped to support the House and its residents.

Level of involvement of senior leadership has been inappropriate.

Several interviewees offered examples of times in the past two years when senior leadership, particularly within DCJ and Bridges to Change, has been inappropriately involved in the day-to-day operations of the Diane Wade House – either too involved in minute details or hands off when they should have been involved. Reasons suggested for those inconsistent levels of involvement included a concern around optics, political considerations, and not having appropriate staffing or not being able to delegate effectively. One interviewee narrowed in: "It was hard to get them out of the weeds because there was such a level of self-preservation with

every last one of them." Another person, who represented several stakeholders, said that leaders need to "have a backbone. Be courageous in your leadership. Do the right things for the right reasons." Another interviewee from Bridges to Change reflected:

> "This is when White organizations fail and White companies fail is when we make decisions based on what people think and based on what we want to look like in the community rather than dealing with the real issues at hand and making really hard, tough decisions that take more work and more resources…we all did not make decisions based on what was best for the clients, we were making decisions based on what we look like in the community."

Another interviewee keyed in on the concern around optics: "I think the women of the House need to be at the center of everything we are doing. I don't think throughout the process that's been the case. Unfortunately, optics has been the case." Many interviewees suggested that an intentional effort to engage the right people at the right levels, and to depend on those with on-the-ground experience and knowledge, is crucial for the success of the House.

Three interviewees who are associated with local nonprofits and the Community Advisory Board said that one concern is what many see as an (unfounded and deeply racist) excuse that qualified candidates who identify as African American or Black simply do not apply or are not available for positions in the Diane Wade House. They rejected this claim, and encouraged leaders to "get the right people in place." These interviewees pointed out:

> "So often White people, good intentioned White people, make the mistake of not being courageous in their expectations. 'Okay, you're a Black woman, read your resume, check that box.' That's not good enough! If I'm a Black woman and you hire me, I want to know your expectations and how you are going to support me. But hire me because I'm the right person for the position."

This interviewee urged leaders, "don't say you can't find anybody. I have problems with that. I don't care if you're Black or White. If it's not the right fit, it's not the right fit."

Several interviewees felt like "Decisions were made by the wrong set of individuals" and that "the biggest mistake was rushing." One person suggested that if leaders and policy makers "could have been slowed down…in the way it was rolled out," there may have been a greater opportunity for success. But, as one person observed, "It was so chaotic – [leaders] were so pressured by the politics. The [political and media] noise was getting louder and louder. They could not get away from the noise long enough to just put the brakes on and be honest." An interviewee from Bridges to Change echoed this observation and counseled Multnomah County to "get out of politics-first mode. Because it's obvious when we're in politics-first mode and if [the County] thinks the Black community doesn't see that they're really mistaken."

Senior leaders at DCJ and Multnomah County must model anti-racism and create a culture that directly addresses implicit bias and the historical roots of racism.

Several interviewees pleaded with stakeholders to "be culturally aware and culturally competent." She suggested that it is not enough simply to take trainings, but to "start to apply these trainings that we are doing all the time. They need to also apply it to themselves." Another person who represented senior leadership within DCJ agreed:

> "The first work that needs to be done is internally [within DCJ]. I think our POs need to do internal work related to their own implicit biases…we can't make barriers in our

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minds for people that have come through our system…structurally, we need to look at ourselves internally. That's about building relationships. Barbecues and tacos are fine, but there has to be…structurally…education on both sides."

That said, it's easy for senior-level leaders to blame lower-level operational staff for implicit bias. What came out from many interviewees is that rooting out implicit bias and creating a culture of honesty, sincerity, and authenticity starts at the top. If leaders do not model and create a culture that supports anti-racism, several interviewees concluded, it won't matter how many trainings operational staff are required to attend.

Several others who were interviewed offered similar feedback around education. One person acknowledged that "as White people, as White leaders [and leaders of dominant-culture organizations and systems], we need to really think about our own impact and think about how we're narrating from a place that might be completely flawed and inaccurate." These self-conversations and educating opportunities can be difficult, but, as one person pointed out, "Everybody needs implicit bias training. The tapes that they might be playing in their head that negatively impact their view of [the Diane Wade House] that we all just kind of have to address to engage in authentic partnership with each other."

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The peer mentor model is helpful but sometimes lived experience can get in the way of best supporting residents.

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Peer support is a unique and important part of the Diane Wade House. One person who was interviewed said that the staff there really has everything they need to be successful: "The Diane Wade House has so much potential and they've got staff there who care so much and have life experience and education experience and they've got the basics of what they need." She added that the major problem is that the House is just too big. Another stakeholder who is a member of the Community Advisory Board reflected that peer support and mentorship represents:

"the opportunity to feel safe and to feel supported. To know it's just a knock on a door, or a walk down the hall when you feel like, 'I'm stuck.' And it's not a do-it-for-you, it's a walk-beside-you. Let us help you problem solve that. On the one hand, they're living their own life and making their choices, but on the other hand there's such an importance to developing the pro-social support. Oftentimes, Diane Wade House clients don't know it outside of the system. So, I think of a launchpad or a home base, to have a place you can get support emotionally, maybe with transportation, maybe with the moving in process, but also someone sitting next to you on the couch and watch a funny show and just relax for a minute because life is stressful."

More interviewees, though, while acknowledging the unique and valuable resource that peer mentors are, also wondered whether it is the best model for residents of the Diane Wade House:

"I think the peer mentor coaches is a great concept. But I think some of the resident mentor coaches were still kind of new in their recovery and in their self-awareness and in their growth. Good women, but still working their program in a way that I don't think they could fully attend to the client."

Another interviewee shared the concern that the peer mentor structure may need to be revisited:

"I'm all for having peers. The peers that they brought on have great lived experience but almost none of them had experience coordinating with partners or case management or

working with the system and frankly didn't have a lot of skills working with the clients. Also, many of them were very early in their recovery. I think there's definitely a place for [peers], but you need to have a professional structure. Otherwise you end up – we ended up – having to provide a lot of guidance and that's also not sustainable."

Several people who were interviewed seemed to agree that the peer mentor idea is a great one and holds a lot of promise but might need to be scaled back or restructured to provide the best support to the residents of the House.

In addition to thinking about the peer mentor model, almost all of the people interviewed reflected back on the "early days" of the Diane Wade House. They mentioned that there were some significant "bumps in the road" early on, including bad media coverage. One person though that "there's a lack of training and a lack of confidence within the staff. I don't think they've had the training or experience to do this." One of the ways this "lack of training" or "lack of confidence" among the staff seems to have been exhibited was through what several interviewees referred to as a lack of structure of consistency in rules and consequences.

"We would meet with them weekly to staff cases and there were a few women there who were consistently breaking all the rules – positive UAs, staying out past curfew, just lots and lots of stuff going on, and [we] would ask why they were still there. If they are breaking all of the rules, you are showing them that they don't have to abide by any of the rules. Or you have the women who are trying to do really well who are triggered or intimidated or frustrated because several women kept coming in high or not coming in at all. But there's no consequence…It's just been a lot of that kind of stuff over and over."

Some interviewees expressed that it can be really difficult to help residents succeed in their path to recovery and healing without that consistency:

"We need the staff to be consistent. No matter who you are, in any social services, you have to be consistent because everybody who gets social services in the metro area, they know each other. So, if they know that one person got one treatment and another got something else, that's unfair. That's such a big thing that has caused a lot of problems there."

A few interviewees suggested that consistency has gotten better over the past several months, while others maintained that it continues to be a major challenge.

> ### Mental health training and experience among House staff is both lacking and necessary.

One of the challenges for House staff that was expressed by everyone interviewed no matter their racial identity, organizational affiliation, or position within hierarchy, was the lack of appropriate and ongoing mental health training among House staff and management. This seems to have stemmed from a disagreement or lack of clarity around who the House is intended to include as residents: "If the program is going to be working with people who are experiencing mental health issues, then the peers – really all the staff – need to have training on how to work with folks who are experiencing mental health issues." This is one of the major contributing factors, according to some, for the House not being utilized to its capacity:

"Folks would have to be discharged because they're too acute or they weren't even getting accepted…Bridges runs another program for women's housing that we ended up sending people to because the mental health symptoms were just too acute. Several times

we asked Bridges, you know, you have this other house [Harlan House] that actually works with folks who have mental health problems, could they support the Diane Wade House? It just never happened. We've never really been able to overcome that."

In addition to resolving the lack of responsiveness on the part of Bridges to Change to provide this training, interviewees offered suggestions that ranged from providing more mental health training for staff, to having staff meet people at mental health court prior to accepting them in the House, to providing clinical support through DCJ, to "getting licensed, certified mental health clinicians on staff. Not just people who have been through de-escalation training or something. That's just not going to cut it." No matter the suggestion, though, every person agreed that this is a paramount concern that needs to be resolved.

One concern went beyond "the inability of staff to work with folks with any significant mental health needs," and focused on "the difficulty of the staff not being able to discern between mental health symptoms and behavior issues." Several interviewees relayed experiences when a representative of parole and probation was called in to help with behavioral issues that were mistaken for mental health symptoms. One person suggested that more collaboration is important: "They can bring in clinical support if they need to. And we [DCJ] provide clinical support. There [should be] more collaboration across that clinical piece."

Finally, two interviewees suggested that the training needs of the House staff and management really involve more than strict mental health skills and knowledge development. They expressed concern around the staff's seeming discomfort with people who displayed mental health symptoms:

"The staff were very uncomfortable with a woman we referred there who was experiencing a lot of internal stimuli and it's like, 'If you're uncomfortable, then the client knows you're uncomfortable with them.' We had hoped for a stable model that was seamless for individuals but we were just never able to get there. Aid and Assist kind of gave up after a while because they made referrals there and the response that they got and that we often got was that this person's mental health symptoms were too acute. It's just very frustrating because this is who our clients are. We don't have that many clients who are completely asymptomatic."

This discomfort seems to have gotten in the way of fully utilizing the House. Overall, though, what seems to have been most frustrating to many interviewees has been the lack of responsiveness to this need and the inability to collaborate for a solution.

"Staff was trained in the beginning but I'm not aware of any subsequent training. But we really need to talk about how staff really feels about working with folks who are mentally ill before we do the training and come up with a plan to address that because I can give staff the information but if they're uncomfortable with working with folks who are mentally ill that may not necessarily address the issue. So, we were doing this pre-planning through emails but we were just never able to get a meeting with [Deonica] so it just never happened."

This concern seems to have been made more difficult to resolve because of difficulties with communication and trust, specifically between House staff/management and DCJ parole and probation staff and management.

> **House management and staff express a need for more consistent support from Bridges to Change and DCJ.**

Several interviewees agreed that House management and staff need to be better and more consistently supported: "I think they have the right people, I just think the people are overwhelmed. Quite frankly, last week when I went in there I saw women who were just exhausted. Overwhelmed. Some of them dealing with their own stuff. And barely hanging on." After expressing her hope for better mentorship, training, and support, one peer mentor said,

> "They need to know that we're people. There's a lot of us that are invested wholeheartedly in this program. They need to know that some of the staff here are also previous clients and a lot of us rely on this job to stay clean and stay stable and to remain successful. We, too, are a part of this program."

A specific concern related to the fact that many of the House staff members are on their own recovery path and have had justice involvement. One person suggested that potential staff members need to know before being hired, and then fully understand and be okay with, working with law enforcement as a major and close partner. This person suggested that job postings need to note this close collaboration with law enforcement and include that it should be a large part of interviews, onboarding, and training because if staff members are not prepared for this close relationship with law enforcement it could lead to triggering and traumatic experiences they are totally unprepared for.

One person, who is a senior leader within DCJ, echoed the concerns of several interviewees when she expressed, "the lack of clarification of roles really has played out throughout this whole process." First, she pointed out that Bridges to Change did not "really understand what their role [was] in creating this Afrocentric resource." Second, "you pair that with empowering people who actually were still on healing journeys to have leadership and they didn't have the leadership support or training or the savvy of systems to be able to do that." And third, she said that "you had parole and probation officers that weren't sure about [what kind of house it was]." Combining all those issues together, according to this interviewee, led to difficulty realizing the goals of the House.

Another concern that was brought up by House staff and management were misunderstandings and miscommunication around outreach. House staff expressed that it seemed like outreach efforts were dismissed or resisted by DCJ and Bridges to Change. When asked about their responses to outreach efforts, one member of DCJ who was interviewed said they thought there needed to be more structure and formality to the outreach proposal, which was never received outside of initial discussions. One person reflected, "I don't think the site manager knew how to operationalize" the vision for outreach. "It was just never operationalized. We were very clear with what we needed to have." This mismatch of expectations around what was needed to operationalize a plan for outreach may have contributed to increased feelings of being disregarded, dismissed, or unsupported. The interviewee continued: "I don't know if there wasn't support through Bridges management or if there was a lack of clarity about how to operationalize it or perhaps a lack of organization. But it never really came up again because we were trying to make everything else run. It was a great concept. It just didn't really take off."

Recommendations:

Be open to changing the way business is done.

While the Workforce Equity Strategic Plan is a good first step, DCJ senior leadership needs to display the courage to make difficult decisions, have uncomfortable conversations, and be open to changing the way business is done – including ways that are hard, slow, or costly. Leaders should work to slow the process down – don't make decisions until all information is available and all appropriate stakeholders are included.

> **Hold ongoing joint professional development dialogues with parole and probation officers and House staff and management.**

Consider holding a series of facilitated dialogue or training sessions between parole and probation officers and management and House staff and management to better understand each other, each other's experiences, and each other's intentions. The history of the relationships should be discussed and dealt with. Specific plans for how to move forward, what objectives to prioritize, and how power dynamics and implicit bias concerns are addressed, should be made together. These professional development dialogues should be ongoing, even when relationships seem to be more friendly or collaborative.

> **Senior leaders must explicitly address structural, systemic, and institutional racism and their historical roots within their particular organizations. They must model anti-racist practices and create a culture of anti-racism that is also supportive of learning and development.**

As discussed, interviewees across the board shared the concern that without leadership from the highest levels, no amount of professional development, facilitated dialogues, or townhall meetings will affect any meaningful change around anti-racism and the rooting out of implicit bias. A culture of fear of punishment will still reign. Senior leaders must explicitly address these issues in ways that are specific to their own organizations and organizational culture. Every aspect of the culture should be on the table for scrutiny and change. At the same time, leaders must build into the process opportunity for healing and growth so that operational staff and mid-level managers do not simply retreat into behaviors caused by fear of retribution or punishment.

> **The Community Advisory Board should play a central role in professional development for House staff and management.**

One of the CAB's main goals and roles is "helping the staff develop the skills that they need to run the House and making sure the House manager is receiving the support she needs to receive." The CAB should play a central role in helping to operate the House. "The people on the Community Advisory Board have way more knowledge than the people who are actually operating the House about treatment, the system itself, about recovery, about all of the things that this House needs to order to really succeed."

Prioritize appropriate mental health training for House staff and management.

Arrange for appropriate mental health training and dialogue around comfort (or lack thereof) supporting residents who display mental health symptoms for House management and staff. This training should be started immediately but plans should be made for ongoing and continuous mental health training among House staff and management. Consider revising the professional and staffing structure at the House with input from all stakeholders but especially House management (Deonica Johnson) and members of DCJ who support people who mental health symptoms (John McVay and Bill Osbourne) as well as members of Multnomah Behavior Health Division. This may include hiring a dedicated staff member for clinical support. Clarify the referral system and criteria so that only those who can be supported appropriately are accepted into the House.

Original Intent

Evaluation Question: Is there fidelity to the original intent of the Diane Wade House?

Successes and Assets Identified:
1. Stakeholders aspire to stay true to Diane Wade's legacy of truth, openness, and accountability.
2. Community stakeholders, particularly within the Community Advisory Board, are dedicated to the realization of the mission of the Diane Wade House.
3. House staff and management are deeply committed to the mission of the Diane Wade House.

Challenges Identified:
1. There was no shared understanding of what the original intent of the House was.
2. There were mismatched expectations around various roles, especially roles of House staff vs. parole and probation officers.
3. There has been some positive change over the past year but it has not been widely acknowledged or made known. Overall, people are still recovering from the difficulties of the past.

Voices and Perspectives:
> More than any other evaluation question, answers to this question about fidelity to the original intent of the House intersected with other questions and findings. There are added thoughts and perspectives in this section around a lack of shared understandings of what the original intent of the House was, a dearth of community involvement before decisions were made, and mismatched expectations around roles.

There was no shared understanding of what the original intent of the House was.

Overall, every person interviewed seemed to communicate a different version of what the original intent of the Diane Wade House was. One person, who was involved with this project at the very beginning, said, "Multnomah County identified a gap in the treatment and housing continuum…That's where the idea really started. That when people are not housed and they don't have the right wraparound supports and it's not individualized and low barrier, they keep churning through jail." She continued that the County began "looking at data" and, in their "leading-with-race conversations" it became apparent that they needed to talk more about "intentional policy reform…[because] whenever we do…justice reform…white people always benefit more than communities of color." As they examined the data around justice-involved women, the County realized, "we've done a terrible job doing right by Black women. So, let's try this. Let's make it a transitional housing supportive housing program for Black women." Early on the plan was to serve women coming out of the justice system and women from within the community. There was some back and forth around who the County could or should serve:

> "We figured out early on that we couldn't manage both populations [women coming out of jail and women from the community] because we didn't want to go against the risk principle and mix high risk women and low risk women, even though…it's so fluid. We

realized we just needed to focus on one population and get it right and then figure out what's next."

Another person involved in these early conversations agreed that so-called 'mixing populations' is "not best practice – that's not evidence-based and it's actually detrimental to the women who aren't in the criminal justice system."

This was the high-level, policy-oriented visioning beginning of the Diane Wade House. But not everyone was privy to this beginning. Various stakeholders came into the mix at other points and so, without clear communication, stakeholders understood the original intent of the Diane Wade House in different ways. This connects to this report's first finding around what success is – we cannot be sure what success is or looks like because there is not one shared definition of the goal. Similarly, it is difficult, if not impossible, to evaluate the fidelity to the original intent of the House when original intent is so vastly contested.

Some stakeholders are clear: "It started off as an Afrocentric transitional house for justice-involved women." They add: "It was not contemplated that it would be a house that was solely focused on Black women. It was going to have a majority of Black women and 30% other cultures." Others say there was not a percentage placed on it originally and add that there was a component that is often overlooked around racial disparities of jail sanctions:

> "My understanding was that it would be a jail alternative for Black women on probation who were experiencing higher rates of jail sanctions than their White counterparts and that it was also to have six beds dedicated for women going through the aid and assist process to mirror that program that already existed for men. So, it was to be both a jail alternative plus mental health stabilization housing. I don't think it was used as a jail alternative as much as it was intended to be. It's still underused by its two main referral sources. And I haven't seen much go into changing that."

The idea that it was to have beds dedicated to women going through the Aid and Assist process is also contested. Some interviewees did not know about that decision at the beginning. Others knew but said it was not possible because of the current state of staff training and comfort with people who display mental health systems (covered in a previous section of this report).

One interviewee who provides programming at the House suggested that there are differences between what the House is in theory and what it is in practice – she clarifies those differences in important and useful ways:

> "In theory, this is a transitional home for women that are coming out of the system and it's a place for them to get themselves stabilized and grounded in whatever their life looks like going forward – for African American women specifically. There's cultural programming that wraps around them to help them gain some skills and deal with some of the things that have happened in their lives. You can just keep throwing programming at people and unless they're healed it's like having a bucket with a hole in the bottom – it's just going to continue to flow out. Black women need a space to heal. That's all in theory. What it is now is a place where you can come and stay and transition."

Beyond these different understandings of original intentions and goals are different understandings of what the House could and should be to and for the African American community in Multnomah County. Representatives of the CAB are clear about what the House should be: "[We wanted] to have a community resource that could be a beacon in our community that really uplifted Black women in our community. And then the opportunity for people with lived experience to be able to contribute to the change process." Another interviewee from Bridges to Change spoke directly to the question about who should be in the House and why:

"The whole idea of there being 70% [women of Color] before is because they were worried about funding and bed spaces." This interviewee suggested that this approach "is not putting the client first, it's putting the dollar first."

Many interviewees who knew Diane Wade and her family well were troubled that the House does not seem like it has lived up to its namesake: "[Diane Wade] could speak truth and do it in love and gently and you knew that she had your best interest at heart" but "I think that it got clouded with a lot of controversy. So, I think that what could have been this beacon of light turned into a kind of barometer" of race relations in this community."

There was no clear delineation of roles.

As has been discussed previously in this report, from the very beginning there was no clear delineation of roles, especially and most importantly between House staff/management and parole and probation officers and management. If there was an attempt at delineation, it was not communicated to everyone involved. House staff, management, parole and probation officers, and parole and probation managers, as well as representatives from other stakeholder organizations all communicated that people seem to be unsure who should concern themselves with various issues. One parole and probation officer discussed that it is hard in her role to enforce House rules, but that she can enforce probation rules:

> "Oftentimes the problem is a client is not following the rules – house rules. Over the years, anytime there's been a problem it's usually because a rule has been broken. But we can't always just tell them, 'Hey, follow the rules,' because it's the house rules, it's not a probation rule, so [staff] have to be able to hold them accountable to following the rules. And sometimes I think there needs to be a better structure for that. We can't violate their probation because they're not following house rules. I know that that's been a little bit of a sore spot."

A senior member of the DCJ leadership team acknowledged that this is a concern and offered a broader conclusion: "Sometimes efforts or ventures occur or start and sometimes there's not a very developed or fully fleshed out overview of roles and responsibilities. Sometimes the train gets further out than the track and then we're so far out that we've lost sight." Another stakeholder agreed: "There was never clear enough defining of the roles and responsibilities within this venture…I was never told, 'Here's what your responsibilities are. Here's what you will be held accountable to.'" This lack of clarification has led to communication and collaboration difficulties between the House and DCJ.

People are holding on to what happened over a year ago.

Overall, most people who were interviewed agree that there is a general narrative circulating about the Diane Wade House that is not positive and that emanates from the things that happened a year ago and that were covered extensively in the media. One interviewee observed, "[DCJ and Bridges to Change] didn't handle everything that happened in the beginning really well," but suggested that things could have gone differently if they had made an "effort to anchor [the House] in the Black community." One of the concerns raised by this interviewee was, "Most people don't know about the Diane Wade House, or if they do, they just

know what they heard about in the news. For lack of a better word, there was no PR effort to really get the community rallied around it." Another person shared her disappointment:

> "There's a very sour taste in people's mouths about the Diane Wade House even though we have almost a completely new staff and a new program manager, there's still that residual aftertaste that's left for some people. In some people's minds it's just easier to wash the program away and not deal with it at all, versus really see how we can revamp the program and make it into a program that would be successful for both the staff and the clients."

Another person agreed that it can be difficult to work back from negative press and imperfect implementation of programs like the Diane Wade House:

> "People hold on to baggage and I think a lot of times what I see is people will still talk about an issue from a year ago as though it just happened 90 days ago or a month ago. From what I understand, the program is afloat but it's not being fully utilized. I know that the program is in flux – it's in transition. A lot of the programmatic issues that were occurring initially aren't occurring anymore but I think the program has been highly tainted by those issues."

One person observed, "there's been a lot of development. There's been a lot of growth. There's a lot of positive change" over the past year, and that now the challenge is to "regain buy-in from the community." Others agreed, but questioned if that would be possible, considering how much damage has been done and how much work there is to do to switch the narrative to one of possibility and potential:

> "How do we get ahead of the rumor mill or how do we define the narrative and within that, how do we define the narrative from an authentic and transparent standpoint so that people aren't left to make their own narrative? How can we say, 'Hey, here's what we've been talking about. And we're not going to wait for there to be bad publicity.'"

Recommendations:

Do not make the same mistakes from the past.

Overall, it will be important as the Diane Wade House goes through a revisioning process to not make the same mistakes from the past. It is necessary to learn lessons from previous mistakes and to not rush this process of revisioning. Several interviewees suggested that decisions were made too early and that not everyone who needed to be included was in fact included. It will be important to reach out to the appropriate communities intentionally and in culturally appropriate and specific ways. Finally, one thing that was lacking in the first iteration of the Diane Wade House was an engagement of those who are already doing the on-the-ground work, so work hard to engage those who have the expertise and are already involved, including House management, House staff, the Community Advisory Board, parole and probation officers and managers from the African American Program, Women's Program, and Mental Health Program.

Clearly define and delineate roles.

One recommendation that should present an opportunity for a quick and clear success is to clearly define and delineate House staff and management roles versus the roles parole and probation officers play. Disseminate this widely and make it accessible. In addition, revisit it regularly in case opportunities and challenges evolve.

Clarify who would most benefit from residing at the House.

Two participants seemed to hit the nail on the head when they reiterated the need to "Be really, really clear about the woman who fits the vision of the House." This interviewee was clear that "Not every woman can [fit the vision]." She observed that "there were some women that came through there and that's not where they needed to be." More problematic, though, was this person's observation that "Sometimes it just seems like it's a dumping ground for Black women without much thought about who's the best woman for there." Another interviewee agreed that it seems like the Diane Wade House "got to be a catch-all for all these women with very significant needs." Overall, they and other interviewees seemed to agree that "people really [didn't] understand what the House is, who it's designed for, or what the purpose is." Addressing the concern that the House is a "dumping ground" for Black women is a vital issue and should be prioritized. Clarifying who the House is for is paramount, and will help solve other concerns.

Facilitate a major and ongoing outreach effort and public relations campaign.

One House staff member was clear: "We want to be known. We want people to know that Diane Wade House exists in the community. Give us the opportunity. Give us the opportunity to speak up. Don't shut the door in our faces." Other House staff and management members who were interviewed agreed that they long to engage in outreach activities but may need support in realizing their vision. Facilitating a major public outreach effort should be an important priority.

Funding and Resources

Evaluation Question: Is there stable and adequate funding to achieve the mission of the Diane Wade House? (Added component: Are there appropriate resources to achieve the mission?)

Successes and Assets Identified:
1. DCJ and Bridges to Change have recently supported House-led outreach efforts to Coffee Creek Correctional Facility
2. The HER curriculum is seen as a key resource and model program offering for House residents.
3. The CAB seeks to act as a resource for House management.

Challenges Identified:
1. House staff have not been appropriately resourced and supported.
2. The peer model may need to be revised.

Voices and Perspectives:
      Several concerns that would perhaps address questions of funding and resources have been included in other areas within this evaluation report. The most consistent advice offered from stakeholders who were interviewed was around the County's need to allow the CAB to "help drive" the re-visioning process. One person said, "Do what they say." This straightforward response encapsulates the simplicity of the way forward – do what the CAB says. "That's community feedback right there. You have people with the skillset at the table. Do what they say." Beyond this seemingly simple need, only two additional areas of reflection are included in this section. These intersect with other sections of the evaluation report findings, but different and additional supporting evidence is provided here.

House staff have not been appropriately resourced and supported.

      In response to a question about how the House has been supported by stakeholders and organizations, one person who was interviewed and who has been intimately involved in the process of setting the Diane Wade House on its path observed:

> "It was decided that this is going to be a peer-run house and that that's going to be really important for culturally responsive service delivery and to really supporting women and meeting them where they are. And I think that's a really great model. And I think that the staff weren't given enough training or onboarding or support to actually do that job really well and actually respond to the needs of the women coming in. And so, you had people who maybe had one- or two-years' experience working in transitional housing responsible for women who are coming in with serious mental health needs. There was a challenge there. The actual ability of the staff to support the clients when they were there hasn't been very successful."

So, while the ideas and visions were exciting, staff have not been given the resources to be able to effectively carry out that vision. One person added to this observation that "It needs to be well funded and well supported in terms of the hierarchy and the peers and the resident assistants who are going to be working there." One of the Co-Chairs of the CAB added:

"The House site manager needs to have that culturally-specific supervisor that she can go to on a weekly basis for mentorship and support, and she can ask any questions and be supported consistently. Because that's what I had and there is no way I would have been successful without the support of that culturally-specific supervisor."

When asked what might be missing in terms of resources or funding, another interviewee simply said, "the biggest thing that I feel is the problem is a lack of commitment from the county." Another person added that leadership within DCJ and at the contracting organization (Bridges to Change) must "properly support the staff so that the program can be successful." So far, most interviewees agreed that that proper support has been missing.

The peer model may need to be revised.

Interviewees mostly agreed that the peer mentors at the Diane Wade House work hard to make deep, meaningful connections with the residents. Yet, the mentors themselves suggested that these deep connections can come at a personal cost and can be hard to sustain:

"[As a peer mentor], it's hard sometimes, because you want to be all that these women have never experienced. They've never experienced genuine friendships. They've never experienced someone who just genuinely cares about them and their well-being. So, you want to be all of those things to them but then when you have things taken the wrong way and then it hurts you personally, as a mentor and as a person it just creates a very challenging workplace to be in."

Mentors would benefit from more training on how to maintain professional relationships while still making meaningful connections. They could also benefit from having greater access to mental health and wellness resources themselves. One peer mentor suggested that having a drug addiction counselor on site, even occasionally, would help take much of the load off of them. This resonates with other suggestions offered by people who were interviewed:

"I feel like that is the missing link. I feel like it would be a lot easier for us to be just peer mentors if we had that level of professionalism. We carry so many roles here. It just blurs our roles and who we are supposed to be because we have to be everything; we have to give them UAs, we have to reprimand them when they're not following the rules, we have to be their peer, we have to be their accountant, we have to be all these things. So, if we were able to take some of those more professional roles off the table, that would make our role a lot easier and make the lines a lot clearer."

Stakeholders who are familiar with the House agree:

"The mentors that are in the House are going through some of the same things that the women in the House are. Healing from their own trauma. So that has always concerned me a bit, having women that are still on their own journey where you can walk beside as peer support, but being there all the time, I've wondered if that was too much sometimes. I think there's another layer that's needed. Like maybe more mental health."

Overall, this concern around how the peer mentors are supported, training, and resourced was shared across stakeholder organizations and identities.

Recommendations:

Depend on the Community Advisory Board to identify and provide resources for the peer mentors and other House staff to be successful.

One of Multnomah County's greatest opportunities is its newly formed CAB and it should take full advantage of the people, talents, resources, and depth of historical knowledge and background its members offer. "Most of the people that are on the CAB are people that work in nonprofits or have their own nonprofit. They've women that have actually experienced going to jail themselves and coming back home, trying to find resources." In addition, the CAB should be consulted about what the best revision may be to the peer mentor professional model. Revise the model if appropriate.

Overall Recommendations

Overall, the interviews that were conducted led to deep and nuanced understandings of both the successes that have been seen as well as the complex challenges that are still being faced by stakeholders of the Diane Wade House. Even amidst all those challenges, though, many of the interviewees expressed a "cautious optimism" and "hopefulness" for the future of the House. A member of the CAB said that while it's had its difficulties in the past, "Going forward, it just really feels hopeful. I really feel like the community [will] get behind it if they knew that there were going to be some changes made. There was such excitement in the community because it is so needed. I'm hopeful."

At the same time, several interviewees did not share that hopeful outlook and, in fact, were rather unsure of how to proceed. They noted that "there is a lot of fear in Multnomah County," and that "everybody is scared" and "terrified to have a conversation" about anything to do with race because of the real possibilities of grievances or lawsuits – or simply feeling misunderstood or judged. While intentions are sincere and there is a desire to engage authentic and difficult conversations around race, this current climate of fear pervades every aspect of this report and will render any work null and void if it is not seriously considered and fully addressed.

And so, while all the major recommendations in this evaluation report have been compiled below, it is important to note that there are very different experiences and perspectives on how or even if to proceed. To be clear, **nothing this report concludes or offers will matter if there continues to be an unaddressed climate of fear among many stakeholders as well as a culture of mistrust and lack of authentic communication between individuals and organizations**. Therefore, all recommendations should be read with those basic understandings. Overall recommendations include:

1. Learn from the past. Do not repeat previous mistakes. In order to learn from the past, the upcoming revisioning process needs to be intentional, needs to be dependent on data, and needs to slow down.

2. Senior leaders must intentionally and consistently address and act on concerns around tokenization of people who identify as Black or African American.

3. Conduct an official needs assessment to better understand who will/should use the facility as well as which Multnomah County offices should play a role.

4. If women with mental health symptoms will continue to be referred and accepted as residents of the House, provide all appropriate and ongoing mental health training for everyone at the House.

5. Relocate the Diane Wade House to a smaller, home-like facility closer to the population you are trying to serve. Do not replicate institutional structures.

6. Engage in intentional, consistent, trauma-informed sharing of power. Define what shared power looks like at every level and within every stakeholder organization. Create

accountability structures and processes that regularly assess success in working toward and enacting shared power.

7. Invite parole and probation officers and managers to facilitated dialogues with House staff and management. These may need to be quite small (even one-on-one) to be able to repair harm done to relationships. These must occur if DCJ plans to move forward with the same staff in place with the same responsibilities.

8. Clarify and delineate roles and responsibilities of parole and probation officers versus House staff and management. Communicate these widely. This may need to be addressed formally through a training or professional development opportunity.

9. Hold facilitated dialogues with all stakeholders that explicitly address issues of structural racism and the history of racism in Multnomah County. Require meaningful implicit bias training for DCJ staff and managers, as well as senior leaders.

10. Build structures and processes that support transparent and consistent communication at every level, both internally (to the House and to DCJ) and externally. Hold everyone at every level accountable to these structures and processes. Address weaknesses in internal DCJ communication.

11. Create shared definitions and understandings of terms like "Afrocentric" and "culturally-specific" at every level. Collaboratively define the mission, vision, and scope of the Diane Wade House. Consistently use and reference these. Make them widely and easily accessible.

12. Build into the re-visioned House a budget and dedicated personnel for appropriate community outreach. Within this, celebrate successes publicly and center the stories of those who have experienced success.

13. Revise the House professional model. Depending on who is selected as the next provider, consider revising the duties of peer mentors and hiring a culturally-specific clinician.

14. The relationship between the House manager and primary referral source must be productive. Consider any and all actions to ensure this.

15. The hiring process, professional development, and training of House staff and management should be consistent with a commitment to hiring qualified people with appropriate lived experience. Do not put people in positions in which they will fail.

16. Consider creating a formal connection with County programs including Behavioral Health and Community Corrections for support, resources, training, etc.

17. Create a 5-year plan that includes a theory of change and/or logic model. Then, create an ongoing evaluation process that is connected to that theory of change or logic model and which reconsiders what individual and program-level outcomes are important and

meaningful for all stakeholders. The evaluation should have an equity focus and should be co-created by and for House residents, staff, and management, alongside CAB members and key stakeholders within parole and probations. A collaborative group needs to clarify culturally-relevant indicators of "success" (outcomes) for individuals and the House in order to monitor and evaluate the program. These indicators must also be applicable to how parole and probations and other partners must report outcomes. Therefore, there will most likely be a mix of qualitative and quantitative measures.

18. Infrastructure required to provide quality support for residents is lacking. Consider not taking any more clients until these questions are resolved and decisions are made. Prioritize the needs of current residents. If possible, hire a temporary case manager to coordinate the services for current residents. This will allow the current House manager to step out of her direct case management role so that she can devote her time to big picture framing and decision-making, participate in crafting the RFP, collaborate in writing desired outcomes, plan outreach efforts, etc.

Appendix A: Interview Protocol

Lead-Off Question: Can you tell me a little about how you are involved in the Diane Wade House or what your role is?
- How did you come to that position?

Possible follow-up questions:
1. Can you tell me how would you define "success" in terms of what individuals experience as residents at the Diane Wade House?
   a. What would be your ideal outcome for House residents?
   b. Does a particular resident come to mind as having experienced or achieved "success"? Can you share a bit about that person's experience or journey?
   c. Does a particular resident come to mind as having fallen short of the "success" you envision? Can you share a bit about that person's experience?
   d. How do you think residents define success for themselves?
   e. If money, personalities, politics, and other issues were not a barrier or concern, what would be the ideal Diane Wade House? How would the House itself – as a program – be most successful? What would that look like to you? To others?
   f. In your opinion, what comes in the way of success for residents at the Diane Wade House?
   g. What does the House *not* have that it needs in order to be successful, or to help residents be successful?
2. Can you tell me about a time when you saw or experienced really effective shared decision-making or power in relation to the House?
   a. Can you tell me about a time when you saw or experienced decision-making that was not done in a democratic way, or in a way that you felt was equal?
   b. Can you tell me about a particular incident or time when you saw that power was not shared at or regarding the House, its operations, management, etc.?
3. Can you tell me about someone you know who also is a stakeholder of the House with whom you've developed a lot of trust? Tell me all about your relationship with regard to the House?
   a. Can you give me an example of a time that trust has led to good outcomes, or outcomes that would not have happened without that level of trust?
   b. Can you share a time with me when you – or someone you know – did not feel trust regarding the House?
   c. Can you share with me an experience through which you gained trust for a colleague or other House stakeholder?
   d. Can you share with me an experience through which you lost trust for a colleague or other House stakeholder?
4. Please share with me an experience you've had related to the House when you or others collaborated effectively? Tell me all about what happened.
   a. Can you share with me an experience you've had related to the House when you or others did not collaborate effectively? Tell me all about what happened.
   b. Can you share with me an experience you've had or witnessed related to the House when communication became a barrier?

    c. Can you share with me an experience when you or others had to really work on communication?
5. Looking back, what do you wish would have gone differently from the time the House was conceived to now?
    a. From your perspective, how has the House or its goals changed in the past 2 years?
    b. From your perspective, how has the House or its goals remained constant in the past 2 years?
    c. What do you hope to change in the coming 2-5 years?
6. What am I missing? What am I not asking that I should be asking? Is there anything else you'd like to share that you think I should know or better understand?
7. Are there others you think I should reach out to to interview about these topics?