

Multnomah Co. Domestic Violence Victim Services Update

Family Violence Coordinating
Council

November 9, 2012

Why this presentation?

- We've accomplished goals set 10 years ago
- Evolving understanding of services, programs
- New opportunities & challenges
- Need input from partners
 - How changes impact partner agencies
 - What you know about survivor needs
 - How you would prioritize limited resources

Goals - 10 Years Ago

- Well-coordinated victim services system
- Support core services
 - Residential: shelter, transitional housing
 - Nonresidential: culturally specific, support groups, legal services, advocacy/case management
- Develop new models
 - Multidisciplinary walk-in center
 - Co-located advocates within other agencies
 - Centralized intake/access/crisis response

Services - 10 years ago

- Residential:
 - 5 shelters, limited motel vouchers
 - 3 facility-based transitional housing programs
 - 4 scattered-site transitional housing programs
- Nonresidential:
 - Multiple crisis lines
 - Support groups
 - Legal advocacy & legal representation
 - Culturally specific programs
 - Advocacy, limited client assistance

Progress.....

- Mobile advocates & “housing first” models
- Rapid rehousing & shared housing models
- Gateway Center
- Police call-out advocates pilot project
- Co-located advocates
- Supervised visitation
- *Renewed interest in coordinated intake/access*
- *Growing interest in child/youth services*

Learning from new models

- “Housing First” works
 - Shelter diversion, eviction prevention
 - Rapid rehousing, shared housing models
- Gateway walk-in center works
 - Survivors typically not looking for shelter
 - Need information about DV and risk
 - Unmet needs for legal & mental health services
- In-person crisis response works
 - Police appreciate advocacy followup
 - Survivors more likely to engage

Learning, continued

- **Co-located advocates work**
 - Reach survivors where they are
 - Improve DV-survivor focused practice
 - Inform larger system response and program changes
- **Supervised visitation works**
 - High-risk, high-need families seen in family court
 - Victims are sometimes the visiting parent
- **Coordinated access/intake is needed**
 - Too many entry points
 - Shelter & housing services are complex and specialized
 - No prioritization based on need - just luck or persistence

Evidence for existing services

- Shelters address immediate safety needs, but not long-term stability
- Advocacy support helps survivors assess risk, access resources, support well-being
- Safe housing, economic security and legal services are critical to long-term safety
- Parents want children/youth services

Local, State, National Trends

- Local:
 - Coordinated access/intake, crisis lines
 - Role of DV shelters
 - Financial strain at existing programs
 - Sustainability of grant funded programs
 - Reaching survivors who don't identify as victims
 - Meeting needs of high-need, high-barrier clients
 - Specialization in the continuum vs. building comprehensive services @ each agency
 - Strategic alignment/partnerships across different sectors

Local, State, National Trends

- State:
 - Role of DV in child welfare cases, differential response
 - Victim services funding, sustainability of small programs
 - Victim services as part of public safety response
- National
 - Advocate privilege
 - Coordinated shelter access & housing first models
 - Growing awareness of child/youth needs
 - Overlap with other high-risk, high-needs issues
 - Assessing effectiveness of existing services

Questions for FVCC Partners:

- Individual needs:
 - What services do survivors ask for?
- Community needs:
 - How do you experience victim services system right now?
 - What priorities do you have for DV services? What criteria do you use?
 - Do you see new ways of organizing and delivering services?
 - Do you see new partnerships/opportunities or have concerns about these?
- Structural/Policy needs:
 - What continuum / program changes should be promoted? Ideas about funding and policy changes support this?
 - How important is advocate privilege?
 - What role do FVCC partners want to have in advocating for state/local changes?

Moving forward

- What needs do you see or anticipate?
 - Emergency response, short-term service, long-term support
 - Professional specialties (mental health, legal services)
- Besides funding, what helps or hinders?
- What would you prioritize?
- What role does FVCC want?