

Multnomah County Community Based Victim Services System Plan

Executive Summary

November 2002

**Developed by the Multnomah County Domestic Violence
Coordinator's Office
In partnership with
Tri-County Domestic and Sexual Violence Intervention
Network and Other Community Agencies**

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Introduction and Purpose

Domestic violence has received increased attention in the last ten years. This has led to increased calls by victims for services, a broader interest and understanding of domestic violence in the community, the development of new services, and increased funding for intervention. During the same ten years or more, the community based victim services system has shown itself to be an effective but under-funded system. It has increased its capacity to respond, adding services or programs as new funding or resources became available or as new needs were identified. However, there are still significant unfilled needs for services to victims of domestic violence.

There is now an opportunity to develop a true system of community-based services for victims based on the current strong foundation of services. This plan provides the framework for the further development of the system. The plan is based on the process described below and on information from the Family Violence Coordinating Council (FVCC) report *Multnomah County Community-Based Victim Services System Assessment* and other documents.¹

In 2001

- 8,000 police reports of domestic violence
- 10,200 requests for shelter
- 3,500 Restraining Orders issued
- Four women killed by their intimate partners in Multnomah County.

Foundations of the Plan

The plan is based on the following facts or assumptions:

1. Services are as **responsive as possible to the needs** of individual victims.
2. **Alignment to a long-range plan** can assist in making decisions regarding funding, program development, collaborative agreements, development of new resources, and ultimately be more responsive to the needs of victims and their children.
3. The plan is **built on a foundation of existing core services** and augment the level and quality of them. There are 16 programs in the County (Appendix A) that provide domestic violence intervention or prevention services specifically relating to domestic violence.
 - a. Receive 20,000 calls to the eight County crisis lines in the Tri-County area;
 - b. Provide shelter or transitional housing to 5,000 women and children, and turn away many more;
 - c. Assist 2,000 victims in obtaining restraining orders at the courthouse;
 - d. Provide almost 1,000 victims and their children with outreach services such as case management, support groups, transportation and assistance in accessing other services; and
 - e. Provide culturally specific/population specific services to almost 1,000 victims and their children. Services include co-case management, outreach, support and other services to victims from specific populations.

¹ The City Club of Portland *Domestic Violence -- Everybody's Business*, Multnomah County Department of Community and Family Services *Domestic Violence Victim Services and School-Based Prevention Programs* and the Multnomah County Health Department *Domestic Violence in Multnomah County*, and *1998 Oregon Needs Assessment* published by the Governor's Council on Domestic Violence.

4. This plan calls for a **Regional Centralized Resource For Information, Referral And Intake**. Victim-centered services begin with an effective and easily accessed system of services. The FVCC Assessment found that there was a clear need for an improved access system. Additional surveys and focus groups found that the existing crisis lines are frequently busy, provide limited information and do not provide “warm” hand offs to other services/referrals.
5. This plan includes **On-Site Collaborative Services** (advocates on site at other service sites including health care, DHS Self-Sufficiency and Child Welfare, mental health, A&D treatment, criminal justice system, etc.). On-site services have been shown to be effective and needed:
 - a. Victims are more likely to access other social services rather than domestic violence services.² Frequently, these other services have limited expertise or capacity to respond to the full range of needs of domestic violence victims.
 - b. Geographically based services in Multnomah County, such as Family Centers, Health Care clinics, Touchstone and others, have been shown to be effective.
 - c. Collaborative partnerships in providing services to victims of domestic violence have also been shown to be effective. Examples include the advocate/officer teams of the Portland Police Bureau Domestic Violence Intervention Teams and victim advocates placed in DHS Child Welfare offices locally and in other parts of the state.
6. This plan includes **Multi-disciplinary, Domestic Violence Walk-In Centers**. Victims have complex, overlapping needs and “one-stop” service centers have been successfully used in job programs locally and in domestic violence intervention in other parts of the county. In particular, collaborative service centers have been developed with co-located services specifically geared to be responsive to domestic violence issues in Colorado Springs, Phoenix and Mesa, Arizona. These “one-stop” centers can include law enforcement, district attorney, welfare, child welfare, victim advocacy, legal assistance and in some cases civil court personnel.
7. This plan includes **Advocacy for Appropriate/Effective Response By Community Partners**. Because victims seek support and assistance from family, friends, co-workers, employers, health care professionals³, law enforcement, courts and social services, these individuals and organizations need to be prepared to provide appropriate and effective assistance. The victim services system has significant expertise and relationships to provide this advocacy, but must balance provision of services with limited resources for this Advocacy work.
8. This plan was developed primarily for Multnomah County. However, because many victims move across county lines and/or utilize services in more than one County, it can be used to encourage collaboration and the development of new services, to better align services or to develop regional services in the **Tri-County region**.

² *Domestic Violence in Multnomah County, and 1998 Oregon Needs Assessment*

³ The 1998 *Oregon Needs Assessment* found that 98% of victims of domestic violence had received health care in the last year.

Assessment of the Community Based Victim Services System

In the May, 2002, the Multnomah County Family Violence Coordinating Council found⁴:

STRENGTHS OF THE COMMUNITY-BASED VICTIM SERVICES SYSTEM

- There is a well-established and diverse system of victim services in Multnomah County.
- There are strong inter-agency collaborations with information sharing, cross-training and established opportunities for this collaboration.
- There is a depth of understanding of the needs, barriers and special considerations which victims of domestic violence and their children face.
- Services for specific cultural or racial communities, for people with disabilities, sexual minorities or other populations have greatly expanded in the last three years.
- One of its greatest strengths is the commitment, dedication and passion of those who work in the system at all levels.

GAPS AND BARRIERS

- There is insufficient funding, poor wages and as a result, high staff turnover, insufficient basic services, inexperienced staff, loss of expertise, reduced capacity to establish collaborative relationships, and in some cases instability of their infrastructure.
- There is a shortage of services for victims and their children, including civil/legal services and longer-term services and an overall shortage of basic services such as shelters and outreach services, services to specific populations and accessible affordable housing and flexible funds for victim's needs.
- There has been increasing complexity of the needs of clients. Typically, women needing services have many concurrent issues and they come from a variety of locations and service systems. They may have alcohol or drug addiction, criminal justice convictions, long-term mental health or health problems or disabilities.
- Women of color sometimes face barriers due to cultural differences, language, immigration problems, requirements and structure of general domestic violence services, community pressures to not seek services and isolation within/from their communities.
- There is a need for additional on-going training both within agencies and across agencies.
- There is also a need for better communication about and utilization of existing services among service providers, improved access, information and referral, and a comprehensive clearinghouse about basic domestic violence services.

Based on the findings in the *Assessment*, the Multnomah County Family Violence Coordinating Council recommends that the following be prioritized:

- Regional Centralized Information and Referral Resource
- Community-based system planning efforts to provide framework for future development of the system and for priorities in times of budget cutting.
- Development of new services/connections, including additional mobile advocates and advocates at many points of entry, increase in or maintenance of current funding at the state and county level, additional shelter and transitional housing, increased civil legal representation, increased long-term services and follow-up, and additional services for children affected by domestic violence.

⁴ Family Violence Coordinating Council *Assessment of the Community Based Victim Services System*, May 2002
November, 2002 4

Planning Process and Scope

This plan was developed in conjunction with members of the Tri-County Domestic and Sexual Violence Intervention Network and others in the community, through a planning process begun in September 2001. It is intended to provide a framework for future funding and development of services, programs, partnerships and procedures. Its scope and specific elements recognize the complex needs of victims, their use of other social services, and successes from existing services.

This plan proposes a model of community-based victim services system. This model is built on a core set of existing countywide services, expansion of those services and development of new elements of the system, including geographically dispersed services. The plan presents a comprehensive framework for an expanded more adequately funded system. Some parts of this plan can be implemented through improvements in existing services and some through reallocation of funds; however, implementation of the majority of the plan requires substantial new on-going funding. Individual agencies or programs, consortiums or other collaborative project endeavors, policy-makers and funders, including foundations, state and local governments and United Way can use this plan to assist in decisions regarding maintenance/expansion of existing or development of new services in Multnomah County and the Tri-County Region.

Description of the Community-Based Victim Services System

There are now almost 20 community-based agencies providing services to victims in the Tri-County area. Fifteen are contracted by Multnomah County to provide some services to victims of domestic violence, including eight that provide population specific services.

The community-based victim services system in includes those programs that have a primary mission to provide services to victims of domestic violence, are part of the existing coordinated community response to domestic violence, or contract with Multnomah County Department of County Human Services for domestic violence victim services (Appendix A).

Definition of Domestic Violence

Conscious pattern of coercive behavior used by one person to control or subordinate another, generally an intimate partner. It includes physical, sexual, psychological, emotional and economic tactics used to engender fear and to enforce compliance. It crosses all cultural, religious, ethnic, age, economic, sexual orientations and social boundaries. Children who witness domestic violence often suffer emotional and psychological harm as a result and they are subject to the consequences of such violence.

In general, this system provides help to victims of intimate partner violence and their children, including current or former spouses, boyfriends, girlfriends, parent of minor children or dating partners. They also assist victims who are abused by their adolescent children or by other family members or adult relatives.

Services provided by this system historically have focused on women and children and were developed specifically to address violence against women. Women are the primary victims of and are victims of more serious violence perpetrated by intimate partners. They need specialized services and responses. Women, especially women with children, frequently have access to

fewer resources when attempting to leave a violent relationship. The social context within which domestic violence occurs has specific impacts on women and children.

Funding for the victim services system comes from a complex, piecemeal set of federal, state and local government sources, foundations, private donations and United Way funding. These multiple streams require substantial administrative time in terms of writing proposals, reporting, and tracking differing requirements. The agencies and programs included in this report have budgets totaling approximately \$7 million. Approximately one-third of the funds come from government sources, including \$1.3 million from four different State offices (Oregon State Police, Department of Justice, Department of Human Services and Department of Housing and Community Development) in 2001 and \$1.8 million from Multnomah County Department of County Human Services in 2001. United Way funding in 2002 for Multnomah County programs was significantly reduced from over \$350,000 to less than \$200,000 due to changes in their funding priorities.

Existing Core Services

General programs are those that provide services to a range of populations in ways that are intended to be culturally competent, but not designed for a specific population. **Culturally specific programs** provide services designed to fit the needs of survivors and their children from specific populations and/or cultures (See APPENDIX A).

Residential Services include emergency shelter and transitional housing, with associated supportive services. The maximum capacity of the five shelters in Multnomah County is 89 beds, and the functional capacity is closer to 70 beds per night. Clackamas and Washington County shelters provide another 40 beds. The services generally associated with residential services include case management, support groups, services for children and partnership with population specific programs. Currently, these services are most often provided by general programs, but may also be provided by culturally specific programs.

Non-Residential Services/General

Non-residential services include crisis intervention, direct client assistance, case management, support groups, legal assistance/representations, and linkages to other services. The non-residential services provided by an agency will vary depending on their mission and their capacity.

Culturally or Population Specific Services

The population specific services that are currently available are mostly non-residential services based in providing case management for specific populations or connection to other services including general domestic violence programs. The system currently provides specific services to the following populations: Hispanic, African American, Russians, prostituted women, sexual minorities, Native Americans, Middle Eastern, South Asian, and immigrants or refugees, in particular SE Asian, Eastern European, African/Caribbean. Services provided in addition to case management include, urban skills training, transportation, access to affordable housing, coordination between service providers and access to general services.

System Goals, Values and Vision for Social Change

Goals

1. Assist victims of domestic violence and their children to achieve safety, stability, healing and the freedom to make their own choices
2. Change the social norms and institutions that contribute to or promote domestic violence.
3. Eliminate domestic violence.

Values

- All people have the right to live free from domestic violence or the threat of such violence.
- Services must be culturally appropriate, based in respect for all individuals and a desire to build a rich multicultural community.
- Services should be part of a coordinated community response to domestic violence, which includes the victim services system, law enforcement, the criminal and civil justice system, health care, social services, the workplace, faith communities and public and school-based education and prevention.
- Intervention and prevention strategies must hold perpetrators responsible for and accountable for the abuse and not blame the survivors for either the effects of the abuse or for the actions of the abuser.
- Women and children have the right to make their own choices, to counter the strategies of the abuser, to develop a social support system, and to heal from the abuse.
- Eliminating domestic violence is the responsibility of each community member, individually and collectively.

Vision for Social Change

In addition to services, the victim services system also provides system advocacy. This system advocacy seeks to assure that victims are supported wherever they seek help and to change the social structures and beliefs that contribute to this violence. This vision of social change includes several components:

1. **Changing Social Attitudes Relating to Domestic Violence:** A variety of social attitudes contribute to domestic violence and devaluation of the victims/survivors of domestic violence, including blaming the victim for the violence, failing to respect the victim and her needs and strengths, lack of understanding of specific cultures and cultural issues, and discounting the danger to the victim. Social change also includes recognizing and responding to social injustice and disparities.
2. **Assuring/Developing Sufficient Resources for Victims and Children:** In addition to changing social attitudes, the system works with the community to increase the level of resources available to victims and their children, including shelter, money or food, and a wider range of services to address domestic violence that are accessible to all victims and provided by staff with a high level of domestic violence expertise.
3. **Develop Service Systems that Respond to and Respect the Specific Needs of Victims and their Children:** Victims and children are often helped at non-domestic violence agencies, such as health care, DHS Self-Sufficiency, housing and mental health counseling. These

services and providers need to be effective in addressing the needs of victims and their children so that they are easily accessible, responsive to all of the victim's needs, holistic, least disruptive to victim and children, provided by staff with a high level of expertise about domestic violence, able to address social injustice that create barriers to victims, recognize the lack of resources available and are coordinated across disciplines and agencies.

Model System of Response to Victims

The following describes a model community based victim services system that is effective and addresses the multiple needs of victims and their children.

1. **Incorporate the goals, values and the vision of social change:** The Model System should be non-intrusive, culturally appropriate and/or culturally or population specific, easily accessible, having both a single easily accessible point of entry and multiple points of entry, when possible be provided in person by well-trained, professional staff; and be augmented by partnerships among responding agencies (such as police, advocates, court and others).
2. **Build on a strong foundation:** The Model System depends on maintaining the existing set of core countywide services. Core services include telephone crisis intervention and access, emergency shelter and transitional housing, non-residential services, including support groups, legal representation and advocacy, outreach, and culturally or population specific services. Services included need to have a proven track record of success.
3. **Increase the level of existing core services:** Several organizations or agencies have documented a significant lack of services for victims of domestic violence. Additional non-residential outreach services, emergency shelter beds, transitional housing, crisis intervention, bilingual staff and culturally or population specific services are needed. Specific populations identified include people with developmental disabilities, young women/unemancipated minors, and Middle Eastern women, male victims (gay and heterosexual), and transsexuals.
4. **Develop New Services:** The Model System identifies four new services that are not well-established in the region, but have been shown to be successful elsewhere or have small pilot projects awaiting expansion:
 - Regional Centralized Resource For Information, Referral And Intake,
 - On-site Collaborative Services placed at offices of other social services, such as mental health counseling, Oregon DHS Self-Sufficiency and Child Welfare, health care providers, hospitals, Family Centers, and other geographically sited agencies, and
 - Multi-disciplinary Domestic Violence Walk-In Centers
 - Increased advocacy for a coordinated community response to domestic violence.

The **Regional Centralized Resource For Information, Referral And Intake** facility will provide telephone-based information and referral to victims of domestic violence and to professionals working with victims. It will assist victims in contacting and accessing specific services. It will build on the existing Byrne funded project to develop a regional information and referral resource. In this model, staff will provide a pre-screening for victims seeking shelter, a “warm” handoff or transfer directly to an agency staff person, screening information to the

agency staff person with permission of the victim, and expanded access for victims from specific populations. In some cases, they may make additional phone calls to find appropriate services for the caller.

On-Site Collaborative Services are services that are dispersed geographically throughout the county in established social service/health care offices. For example, a victim advocate may be co-located full or part time at a DHS Integrated Services Office, at a health clinic, a mental health agency or parent-child development center. The advocate would provide direct services to victims accessing these other services and consultation to the caseworkers on site, and would advocate for more effective services. Geographically based service systems have been shown to be very successful as Health Clinics, Parent-Child Development Centers, Family Centers, Caring Communities and Oregon Department of Human Services Integrated services and at schools. In addition, On-site Collaborative domestic violence services have been shown to be effective at the Portland Police Domestic Violence Intervention Team and DHS Child Welfare Offices.

The Multi-disciplinary, Domestic Violence Walk-In Centers are envisioned to provide services 24 hours a day, 7 days a week to victims of domestic violence and their children. It will house domestic violence victim advocates, legal assistance, services for children who witness domestic violence, culturally specific services and other needed services such as welfare, health care, mental health counseling, and law enforcement assistance. Support groups, parenting skills classes, and other services may also be available on site. Several sites have been suggested to house a walk-in center, including the Gateway Children's Center with the Portland Police Bureau Family Services Division, hospitals, and victim center at the Washington County courthouse. Management of the Walk-In Centers needs to retain the focus on domestic violence and victim advocacy, rather than take on the goals and objectives of the site where it is co-located.

Increased Advocacy for an Appropriate/Effective Response by Community Partners will focus on changing social attitudes, developing sufficient resources and developing systems that responds to the needs of victims and their children. In the planning process several specific examples were raised including the following:

- The need for emergency restraining order hearings at multiple sites in the county;
- Foster care homes specifically for victims with disabilities or for seniors;
- Trained and available translators and interpreters to assist in court and health care settings;
- Mental health counseling for victims of domestic violence and their children by specialists in trauma, abuse and domestic violence.
- Changing policies and/or procedures that unintentionally endanger, disadvantage or do not take into account the needs of victims and their children.
- Increased affordable housing.
- The need for universal screening and appropriate response in health care settings and appropriate response to domestic violence by employers and schools.

Implementation of the Model System

The implementation of this Model System will require a long-term commitment by funders, community based victim services agencies, policy-makers, commissions on children and families, and community leaders. Implementation can be staged and use creative collaboration and financing.

This plan identifies the following priorities for development in the early stages:

Augmentation of existing core services

- Culturally specific or population specific programs for (\$300,000) to fund domestic violence specific services for 3-4 new populations (Middle Eastern, South Asian, women with disabilities and sexual minorities), to increase the number and types of services already funded, and to help build infrastructure in smaller organizations.
- Stability and quality of existing general programs (\$300,000)
- Additional 50 new emergency shelter beds (2 new shelters) for the following populations: Spanish-speaking and women with significant drug or alcohol addiction. (\$800,000)
- Two new scattered site transitional housing case managers with rent assistance funds (\$200,000). Together with motel voucher funds, this type of service can expand the emergency shelter capacity.
- **Regional Centralized Resource For Information, Referral And Intake** developed using information and planning funded by the Byrne Grant to the Domestic Violence Coordinator's Office and in partnership with existing crisis or I&R line to provide infrastructure and space. It is estimated that together with current funding and resources, approximately \$250,000 would provide full-time staffing and volunteers.
- **On-site Collaborative Services**, as a starting point, this plan recommends funding 1 FTE from victim services system agencies in each of the 9 County geographic areas/Caring Communities to be placed in existing social service agencies. (\$450,000).
- **Multi-disciplinary, Domestic Violence Walk-In Center**, Phase I in conjunction with an existing facility. Again, to maximize on-site expertise and minimize overhead and administrative costs, the Walk-In Center could be co-located with an existing facility. One possible co-location site would be the Gateway Children's Center social services building (law enforcement, district attorney's building). \$100,000 in funding would provide two victim advocates to assist in providing services.
- **Advocacy for Appropriate/Effective Response By Community Partners**, Phase I would provide victim services system agencies and the Multnomah County Domestic Violence Coordinator's Office with additional resources to provide training and technical assistance, develop collaborative projects, assist in the development of protocols, and participate in on-going coordination and collaboration efforts. (\$50,000).

Phase I implementation described above requires \$2.45 million. Implementation of the full Model System could cost as much as \$12-14 million.

Appendix A

Community-Based Victim Services System Existing Core Services

Shelter	Transitional	Non-residential/ general	Non-residential/ specific populations
<ul style="list-style-type: none"> Bradley-Angle House (BAH) *Clackamas Women's Services (CWS) *Domestic Violence Resource Center/Washington County (DVRC) Raphael House (RH) V of A Family Center (VoAFC) Salvation Army's West Women's and Children's Shelter (West) YWCA Yolanda House (YWCA) 	<ul style="list-style-type: none"> Facility-based: BAH Andrea Lee, CWS, West, RH Scattered-site housing (HUD Horizon): BAH, CPA/Lotus, El Programa Hispano, VofAFC 	<ul style="list-style-type: none"> Children's programs: All emergency shelters and transitional housing facilities have specialized services for the children of the women in the residential facility. VoAFC provides groups for children in the community. Community Advocates provides intervention in a school-based setting Court house advocates: Multnomah, Washington and Clackamas Counties all have volunteers or staff Crisis intervention/ immediate needs: BAH, CWS, DVRC, RH, VoAFC, West, YWCA, PWCL Legal Aid/assistance: LASO, Lewis and Clark Legal Clinic, Immigration Services Outreach services: VofAFC Phone support/ problem solving and safety planning: All agencies Support groups: BAH, VofAFC, PWCL, CWS, DVRC Mobile Outreach Services: RH, VofAFC 	<ul style="list-style-type: none"> African American Providers Network LOTUS (was Council for Prostitution) El Programa Hispano (EPH) IRCO Refugee and Immigrant Family Strengthening Project (RIFS) Native American Youth Association Healing Circle (NAYA) Hispanic Access Programa de Mujeres (Mujeres) Russian Oregon Social Services (ROSS) South Asian Women's Empowerment and Resource Association (SAWERA) Safe and Strong Coalition Against Abuse of People with Disabilities (formerly It's My Right) Middle Eastern Women's Empowerment (MEWERA)

* Programs sited in Washington or Clackamas Counties and primarily providing services to those population

